

高效資訊傳遞系統
學校通訊模組訊息

[根據《非應邀電子訊息條例》(第593章)第5條的規定，教育局經你同意下，向你發送被該條例界定為商業電子訊息的電子訊息。這些商業電子訊息包括以傳真或電郵推廣不同種類的服務，例如公告、通訊，以及為推廣工作坊、研討會、培訓活動、分享會和其他活動而發出的宣傳資料。如你不想再透過傳真或電郵收取下述資料或同類資料，請將閣下的學校名稱、傳真號碼、電郵地址、聯絡人姓名、簽署和電話號碼，傳真至 2893 0858。]

連同此頁合共：11 頁

各位校長：

為智障學生而設的高中應用學習調適課程 (2025-27年度)
課程提供機構 – 實地參觀及／或網上資訊介紹

應用學習是有價值的高中選修科目，著重實用的學習元素，與寬廣的專業領域和職業領域連繫，並與其他高中科目相輔相成。2025-27年度高中應用學習調適課程將於2025/26 學年開展，供普通中學及特殊學校就讀中四年級的智障學生申請報讀，作為其於中五及中六年級的選修科目。詳情請參閱教育局通函第3/2025號。

為讓學校及家長深入瞭解課程的內容，以便輔導學生作出合適的課程選擇，各課程提供機構將安排實地參觀及／或網上資訊介紹活動，向有興趣報讀應用學習調適課程的學生及其家長、教職員，簡介其機構及所提供的應用學習調適課程，有關各機構的活動詳情及報名方法，概述如下：

- 時段：2025年2月17日至3月8日（視乎機構安排）
時間：每節約1至2小時（視乎機構安排）
模式：以實地參觀或網上資訊介紹形式進行，各機構的安排詳情見【附錄一】至【附錄五】
報名方法：請學校通知學生、家長及教職員，並填妥相關報名表【附錄一】至【附錄五】，以傳真方式向有關機構交回報名表
截止報名日期：2025年2月13日（星期四）
備註：網上資訊介紹的登入連結網址及相關詳情，機構將另行通知學校聯絡人，請學校協助把登入連結網址及相關資訊告知參加學生、家長及教職員。

如有查詢，歡迎致電 2892 6493 與楊小玉女士聯絡，或直接致電機構瞭解。敬祝

教安！

教育局課程支援分部
特殊教育需要組

2025年1月13日

為智障學生而設的高中應用學習調適課程 (2025-27 年度)

課程提供機構 – 實地參觀報名表

職業訓練局

請於 **2025 年 2 月 13 日(星期四)或之前** 將此表格傳真至擬參觀之展亮技能發展中心 (觀塘 2357 4042 / 屯門 2457 6207) 辦理。相關中心將另行通知學校有關安排，請學校代為告知參加學生、家長及教職員。

學校名稱		學校 電話		學校 傳真	
聯絡人姓名	(中文)	(English)			
可供聯絡的方法及詳情	<input type="checkbox"/> 電話 <input type="checkbox"/> 即時通訊軟件 (例：WhatsApp) <input type="checkbox"/> 電郵 聯絡號碼／電郵：_____				

參觀地點：	(A)/(B)：展亮技能發展中心(觀塘) 牛津道暫遷校舍 九龍塘牛津道1D號	查詢：	Tel: 2270 0900 盧皓嘉 主任 Fax: 2357 4042
	(C)/(D)：展亮技能發展中心(屯門) 新界屯門豐安街1號	傳真：	Tel: 2452 8901 雷肇鵬 主任 Fax: 2457 6207

本校擬報名參加以下場次實地參觀^註：

機構將開辦的課程	日期及時間	參加實地參觀人數					
		展亮技能發展中心(觀塘) 牛津道暫遷校舍			展亮技能發展中心(屯門)		
		學生	家長	教職員	學生	家長	教職員
1. 2025270834 創意攝影及傳意設計	(A) 20-2-2025 (星期四) 上午9:30 – 11:00						
	(B) 20-2-2025 (星期四) 下午1:30 – 3:00						
2. 2025270835 創意手作藝術	(C) 27-2-2025 (星期四) 上午10:00 – 中午12:00						
	(D) 27-2-2025 (星期四) 下午2:00 – 4:00						

註：各場次均會就上述所有課程作出詳細介紹。

校長簽署 : _____
 校長姓名 : _____
 日期 : _____

校印 School Chop

**Senior Secondary Adapted Applied Learning Courses
for Students with Intellectual Disabilities (2025-27 Cohort)**

Application for Visits to Course Providers

Vocational Training Council

Please fax this form to **relevant VTC Shine Skills Centre(s) (Kwun Tong 2357 4042 / Tuen Mun 2457 6207) on or before 13 February 2025 (Thursday)**. Relevant Centre(s) will inform schools of the detailed arrangements in due course. Schools are requested to pass the arrangement information to participant students, parents and school staff.

School Name		Tel No.		Fax No.	
Contact Person	(Chinese)	(English)			
Means of contact and details	<input type="checkbox"/> Telephone <input type="checkbox"/> Instant messaging applications (e.g. WhatsApp) <input type="checkbox"/> E-mail Contact No. / E-mail Address: _____				

Venue of Visits:	(A)/(B) : Shine Skills Centre (Kwun Tong) – Oxford Road Re-provisioned Campus 1D Oxford Road, Kowloon	Enquiry:	Tel: 2270 0900	Ms LO Ho Kar, Helga
	(C)/(D) : Shine Skills Centre (Tuen Mun) 1 Fung On Street, Tuen Mun, N.T.	Fax:	Fax: 2357 4042	
			Tel: 2452 8901	Mr LUI Siu Pang, Helios
			Fax: 2457 6207	

Our school would like to apply for the following visits to Vocational Training Council ^{Note} :

Courses to be operated	Date and Time	Number of Participants for Site Visits					
		Shine Skills Centre (Kwun Tong) Oxford Road Re-provisioned Campus			Shine Skills Centre (Tuen Mun)		
		Students	Parents	Staff	Students	Parents	Staff
1. 2025270834 Creative Photography and Communication Design	(A) 20-2-2025 (Thursday) 9:30 – 11:00 a.m.						
	(B) 20-2-2025 (Thursday) 1:30 – 3:00 p.m.						
2. 2025270835 Creative Handcraft Arts	(C) 27-2-2025 (Thursday) 10:00 a.m. – 12:00 n.n.						
3. 2025270836A/B Patisserie, Bakery and Chocolate Making A/B	(D) 27-2-2025 (Thursday) 2:00 – 4:00 p.m.						

Note: Details of all courses listed above will be covered in each session.

Signature of Principal : _____

Name of Principal : _____

Date : _____

School Chop

**Senior Secondary Adapted Applied Learning Courses
for Students with Intellectual Disabilities (2025-27 Cohort)**

Application for Visits to Course Providers

Hong Chi Pinehill Integrated Vocational Training Centre

Please send this form to Hong Chi Integrated Vocational Training Centre (Attn: Mr Woody YUEN) **by fax at 2664 2805 on or before 13 February 2025 (Thursday)**. Relevant Centre(s) will inform schools of the detailed arrangements in due course. Schools are requested to pass the arrangement information to participant students, parents and school staff.

School Name		Tel No.		Fax No.	
Contact Person	(Chinese)	(English)			
Means of contact and details	<input type="checkbox"/> Telephone <input type="checkbox"/> Instant messaging applications (e.g. WhatsApp) <input type="checkbox"/> E-mail Contact No. / E-mail Address: _____				

Venue of Visit:	Hong Chi Pinehill Integrated Vocational Training Centre Pinehill Village, Chung Nga Road, Nam Hang, Tai Po, N.T.	Enquiry:	2613 7400 Mr Woody YUEN
		Fax:	2664 2805

Our school would like to apply for the following visits to Hong Chi Pinehill Integrated Vocational Training Centre ^{Note} :

Courses to be operated	Date and Time	Number of Participants for Site Visits		
		Students	Parents	Staff
1. 20225270813 Ceramics Course	(A) 26-2-2025 (Wednesday) 10:00 a.m. – 12:00 n.n.			
2. 2025270801 Hotel Housekeeping				
3. 2025270825 Basics for Catering Services	(B) 5-3-2025 (Friday) 10:00 a.m. – 12:00 n.n.			

Note: The maximum number of participants for site visit in each session is 50.
 Details of all courses listed above will be covered in each session.

Signature of Principal : _____

Name of Principal : _____

Date : _____

School Chop

**Senior Secondary Adapted Applied Learning Courses
for Students with Intellectual Disabilities (2025-27 Cohort)**

Application for Visits to Course Providers

Chinese YMCA of Hong Kong

Please send this form to Chinese YMCA of Hong Kong (Attn: Ms Cherry CHEUNG/ Mr Noel SUEN) **by fax at 2740 9420 on or before 13 February 2025 (Thursday)**. Relevant Centre(s) will inform schools of the detailed arrangements in due course. Schools are requested to pass the arrangement information to participant students, parents and school staff.

School Name		Tel No.		Fax No.	
Contact Person	(Chinese)	(English)			
Means of contact and details	<input type="checkbox"/> Telephone <input type="checkbox"/> Instant messaging applications (e.g. WhatsApp) <input type="checkbox"/> E-mail Contact No. / E-mail Address: _____				

Venue of Visit:	Chinese YMCA of Hong Kong – YMCA College of Careers 23 Waterloo Road, Yaumatei, Kowloon	Enquiry:	Ms Cherry CHEUNG (Tel: 2783 3527) Mr Noel SUEN (Tel: 2783 3516)
		Fax:	2740 9420

Our school would like to apply for the following visits to Chinese YMCA of Hong Kong ^{Note} :

Courses to be operated	Date and Time	Number of Participants for Site Visits		
		Students	Parents	Staff
1. 2025270841 Performance Arts Assistant Training 2. 2025270838 Barista and Patissier Assistant Training 3. 2025270842A School Assistant Training A 4. 2025270839A Shopping Mall Robot Service Ambassador A	6-3-2025 (Thursday) 10:30 – 11:30 a.m.			

Note: The maximum number of participants for site visit in each session is 30.

Details of all courses listed above will be covered in each session.

Signature of Principal : _____

Name of Principal : _____

Date : _____

School Chop

**Senior Secondary Adapted Applied Learning Courses
for Students with Intellectual Disabilities (2025-27 Cohort)**

Application for Online Information Session organised by Course Providers

St. James’ Settlement

Please send this form to St. James’ Settlement (Attn: Mr Bruce LUK) **by fax at 2596 2705 on or before 13 February 2025 (Thursday)**. Relevant Centre(s) will inform schools of the detailed arrangements in due course. Schools are requested to pass the arrangement information to participant students, parents and school staff.

Enquiry: Mr Bruce LUK (Tel: 2596 2579)

School Name		Tel No.		Fax No.	
Contact Person	(Chinese)	(English)			
Means of contact and details	<input type="checkbox"/> Telephone <input type="checkbox"/> Instant messaging applications (e.g. WhatsApp) <input type="checkbox"/> E-mail Contact No. / E-mail Address: _____				

Name of Course Provider for the Online Information Session:	St. James’ Settlement	Enquiry:	2596 2579 Mr Bruce LUK
Mode of online link:	Zoom	Fax:	2596 2705

Our school would like to apply for the following **Online** Information Session to St. James’ Settlement ^{Note} :

Course to be operated	Date and Time	Number of Participants for Online Information Session		
		Students	Parents	Staff
2025270832 Discover Music Together	3-3-2025 (Monday) 11:00 a.m. – 12:00 n.n.			

Note: The Online Information Session will be conducted via Zoom.

Signature of Principal : _____

Name of Principal : _____

Date : _____

School Chop

為智障學生而設的高中應用學習調適課程 (2025-27 年度)

課程提供機構 - 實地參觀報名表

明愛樂務綜合職業訓練中心

請於 **2025年2月13日(星期四)或之前** 將此表格傳真至 **2385 5720** 明愛樂務綜合職業訓練中心 (莊婉雅女士經辦)。課程提供機構將另行通知學校相關安排，請學校代為告知參加學生、家長及教職員。

學校名稱		學校 電話		學校 傳真	
聯絡人姓名	(中文)	(English)			
可供聯絡的方法及詳情	<input type="checkbox"/> 電話 <input type="checkbox"/> 即時通訊軟件 (例：WhatsApp) <input type="checkbox"/> 電郵(必須填寫) 聯絡號碼/電郵：_____				

參觀地點：	明愛樂務綜合職業訓練中心 九龍亞皆老街147L號	查詢： 傳真：	2711 0699 莊婉雅女士 2385 5720
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本校擬報名參加以下場次的實地參觀^註：

機構將開辦的課程	日期及時間	參加實地參觀人數		
		學生	家長	教職員
1. 2025270817 西式餐飲業實務 2. 2025270827 基礎酒店房務	(A) 25-2-2025 (星期二) 下午2:00 - 3:30			
3. 2025270837 文員助理實務 4. 2025270806 初級烘焙實務	(B) 1-3-2025 (星期六) 上午10:00 - 11:30			

註：每場次的參觀人數上限為80人。
各場次均會就上述所有課程作出詳細介紹。

校長簽署 : _____
校長姓名 : _____
日期 : _____

校印
School Chop

**Senior Secondary Adapted Applied Learning Courses
for Students with Intellectual Disabilities (2027-27 Cohort)**

Application for Visits to Course Providers

Caritas Lok Mo Integrated Vocational Training Centre

Please send this form to Caritas Lok Mo Integrated Vocational Training Centre (Attn: Ms Cathy CHONG) by fax at **2385 5720 on or before 13 February 2025 (Thursday)**. Relevant Centre(s) will inform schools of the detailed arrangements in due course. Schools are requested to pass the arrangement information to participant students, parents and school staff.

School Name		Tel No.		Fax No.	
Contact Person	(Chinese)	(English)			
Means of contact and details	<input type="checkbox"/> Telephone <input type="checkbox"/> Instant messaging applications (e.g. WhatsApp) <input type="checkbox"/> E-mail Contact No. / E-mail Address: _____				

Venue of Visit:	Caritas Lok Mo Integrated Vocational Training Centre 147L Argyle St., Kowloon	Enquiry:	2711 0699 Ms Cathy CHONG
		Fax:	2385 5720

Our school would like to apply for the following visits to Caritas Lok Mo Integrated Vocational Training Centre
 Note :

Courses to be operated	Date and Time	Number of Participants for Site Visits		
		Students	Parents	Staff
1. 2025270817 Western Catering Practice	(A) 25-2-2025 (Tuesday) 2:00 – 3:30 p.m.			
2. 2025270827 Basic Hotel Housekeeping				
3. 2025270837 Clerical Assistant Practice	(B) 1-3-2025 (Saturday) 10:00 – 11:30 a.m.			
4. 2025270806 Elementary Bakery				

Note: The maximum number of participants for site visit in each session is 80.
 Details of all courses listed above will be covered in each session.

Signature of Principal : _____
 Name of Principal : _____
 Date : _____

School Chop
