



**ELITE TRAINING GRANT FOR ATHLETES WITH DISABILITIES /
INDIVIDUAL ATHLETES SUPPORT SCHEME /
SPORTS AID GRANT FOR ATHLETES WITH DISABILITIES**
Application Form
2026-2027

The information you provide in this application form is the basis for assessing eligibility for assistance under the Elite Training Grant for Athletes with Disabilities (ETGD) / Individual Athletes Support Scheme (IASS) / Sports Aid Grant for Athletes with Disabilities (SAGD). The Application Guidelines should be read in conjunction with the explanatory notes when completing this application form. Application form and Guidelines can be downloaded from the HKSI website (www.hksi.org.hk).

The personal data provided will only be used by the HKSI for purposes relating to this application. Only persons duly authorised by the HKSI will be given access to your personal data. For correction of or access to the personal data you have submitted, please contact the staff of the High Performance Administration Department.

Please submit the completed form to High Performance Administration Department, Hong Kong Sports Institute, 25 Yuen Wo Road, Shatin, Hong Kong on or before **17 November 2025**. Performance attained between 18 November and 31 December 2025 should be reported on or before 5 January 2026, if any. Applications with performance attained between 18 November and 31 December 2025 will also be accepted on or before 5 January 2026. **Late or incomplete applications will NOT be considered.**

PART A (To be completed by the applicant) (Please type or print)

1. **Fund(s) Applied** ☐ Elite Training Grant for Athletes with Disabilities¹
☐ Individual Athletes Support Scheme²
☐ Sports Aid Grant for Athletes with Disabilities³

Sport: ☐ Full Time Training ☐ Part Time Training

2. **Personal Particulars**

Name: (English) (Surname) _____ (Other Name) _____
(as per your HK ID Card/Passport)

Name: (Chinese) _____ Gender: * Male / Female Age: _____

Date of birth: _____ (dd) _____ (mm) _____ (yyyy) Place of birth: _____

Nationality: _____ Hong Kong ID No.: _____

Residence in HK since: _____ (dd) _____ (mm) _____ (yyyy) Occupation: _____ (*Full/Part Time)

School (if you are currently studying) : _____
(*Primary School / Secondary School / Post-Secondary Institute)

Postal address: _____

_____ Day-time contact tel. no.: _____

Email address: _____

Emergency Contact Person : _____ Telephone Number : _____

* Delete as inappropriate

- Remarks:**
1. Elite para athletes of Tier A and Tier B sports can apply for ETGD.
 2. Athletes of Paralympic/Asian Para Games Sports, who are not supported under Tier A sports but meet the specified funding criteria can apply for IASS (who will receive ETGD and a programme grant).
 3. Elite para athletes of other sports which are not supported under Tier A and Tier B sports, and IASS can apply for SAGD.

3. Grant received in 2025-2026 (please put “✓” in the box)

Scheme:	<input type="checkbox"/> ETGD	<input type="checkbox"/> IASS	<input type="checkbox"/> SAGD	<input type="checkbox"/> No
Category:	<input type="checkbox"/> Elite A+ <input type="checkbox"/> Elite B <input type="checkbox"/> Senior Squad	<input type="checkbox"/> Elite A <input type="checkbox"/> Elite C	<input type="checkbox"/> Elite A <input type="checkbox"/> Elite B <input type="checkbox"/> Elite C	

4. Records of Achievements

- ♣ Provide information on your results (in order of merit) achieved in international competitions in the period between 1 January 2024 to 31 December 2025.
- ♣ Results achieved after 31 December 2025 will be considered for support in 2027-2028.
- ♣ Support all your achievements with documentation (e.g. official results)
- ♣ Use separate sheet if additional writing space is required

A. Individual Results

Date (dd/mm/yyyy)	Name of Competition / Venue (Please provide both English and Chinese versions for data input)	Event (e.g. 100m , singles, etc.) (Please provide both English and Chinese versions for data input)	Results/ Position (e.g. score, time, distance in metre, etc.)	No. of Entries for your Event	No. of Competing Countries/Regions for your Event

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B. Team Results *(The applicant as a member of the team)*

Date (dd/mm/yyyy)	Name of Competition / Venue (Please provide both English and Chinese versions for data input)	Event (e.g. relay, doubles, etc.) (Please provide both English and Chinese versions for data input)	Results/ Position (e.g. score, time, distance in metre, etc.)	No. of Entries for your Event	No. of Competing Countries/Regions for your Event	Name(s) of Team Member(s) (Please provide both English and Chinese versions for data input)

5. **Training programme for 2026-2027** (To be agreed by your Coaching Supervisor)
Please state venue, frequency, duration, months, etc.
6. **Competition plan for 2026-2027** (To be agreed by your Coaching Supervisor)
Please state name of competition, date, place, targets to be achieved.
7. **Major competitions and goals in the next 4 years** (To be agreed by your Coaching Supervisor)
(Please provide both English and Chinese versions)

8. **Declaration**

I declare that the information I have provided in this application is true and correct. I understand that commencement of the Sports Scholarship is subject to the passing of the HKSIL-arranged medical screening (only applicable to Sport Scholarship athletes receiving ETGD) and non-conformity with the submitted training and competition plan [as listed in (5) and (6)] for the year **2026-2027** without valid reasons, or breach of terms in the subsequent Athlete Agreement might result in cessation of funding and a refund in whole or in part of the payment.

Signature of applicant: _____ Date: _____

PART B Parental/Guardian Consent (For applicants under 18 years old) (To be completed by parent/guardian)

I consent to my child/ward, _____ (Name) being assisted by the *Elite Training Grant for Athletes with Disabilities (ETGD)* / *Individual Athletes Support Scheme (IASS)* / *Sports Aid Grant for Athletes with Disabilities (SAGD)*, and I **agree/do not agree* to let **him/her* attend training and competitions as shown on the submitted schedule. I understand that non-conformity with the submitted schedule [as listed in (5) and (6)] without valid reasons, or breach of terms in the subsequent Athlete Agreement might result in cessation of funding and a refund in whole or in part of the payment.

Signature of parent/guardian: _____

Name in BLOCK letters: _____ Relationship: _____

Postal Address (if different from applicant): _____

Email address: _____ Day-time contact tel. no.: _____

PART C Recommendation of the Coaching Supervisor
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Name of Coaching Supervisor: (English) (English) (Surname) _____ (Other name) _____

(Chinese) _____ (*Mr/Ms/Miss)

Postal Address: _____

Email address: _____ Day-time contact tel. no.: _____

Coaching Qualification: _____

Position at National Sports Association: _____

Please provide comments on the applicant in the following areas with grading:

(5 - Excellent, 4 - Good, 3 - Satisfactory, 2 - Fair, 1 - Poor)

	5	4	3	2	1
(i) Commitment to training and competitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Potential for further advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Consistent level of performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Contribution to team work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments/Recommendations: _____
(if any) _____

Signature: _____ Date: _____

* Delete as inappropriate

PART D Endorsement by the National Sports Association (NSA) (To be endorsed and signed by a senior official e.g. President, Chairman, Hon Secretary of the NSA)

Name of Association: _____

Name of Responsible Person: (English) (Surname) _____ (Other name) _____

(Chinese) _____ (*Mr/Ms/Miss)

Position at NSA: _____

Address: _____

_____ Day-time contact tel. no. _____

Fax no.: _____ Email address: _____

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1. Comments/Recommendations on the applicant:

2. I **endorse** _____ (Name of Coach) as the coaching supervisor of the applicant.

3. I hereby certify that the information given above is true and correct and I **endorse** the application.

Signature of Official : _____

Name (English) : (Surname) _____ (Other name) _____

(Chinese) : _____ (*Mr/Ms/Miss)

Position at NSA : _____

Tel. no. _____ Email address: _____

Date : _____ Association's Chop: _____

* Delete as inappropriate