



Sik Sik Yuen Biotechnology Mobile Laboratory Program

c/o Ho Yu College and Primary School (Sponsored by Sik Sik Yuen)
 4 - 6 Kin Tung Road, Tung Chung, Lantau Island, N.T., Hong Kong SAR
 Tel: 2109-1001 Fax: 2109-2002 Website: <http://mobilelab.hoyu.edu.hk>

Registration Form for the BML Program

We are pleased that you are interested in using the **MobileLab** for your students. We would like to collect some information from your School, which would facilitate our planning and operation when we deliver the MobileLab to your School for biotech education. Please fill in the form below and return it to us for record and reference. If you would like to book the MobileLab for teaching, please also fill in the Application Form on the next page. Details of the Courses and Activities offered could be found and downloaded from our website.

Ms. Sandy Yeung, Program Manager/ Lecturer

A. School Information: (*Please circle one)

| | | |
|----------------------------|---|------------------|
| School Name: | (English) | (Chinese) |
| School Address: | (English) | (Chinese) |
| School Type: | *Government Aided Non-Aided: DSS / International / Private / Others: _____ | School District: |
| School Tel. No.: | | Fax No.: |
| Name of Principal: | *Dr./Mr./ Ms. (English) | (Chinese) |
| Name of Teacher-in-charge: | *Dr./Mr./ Ms. (English) | (Chinese) |
| Email Address: | | Contact No.: |

B. Eligibility Criteria for the BML Program: (*Please circle one)

| | |
|--|--|
| 1. Does your School have parking space on campus for a 12-metre (40-ft) bus? | *Yes / No |
| 2. Are there any electrical power outlets near the parking spot? How far from it? | *Yes / No _____ m |
| 3. Does your School provide 24-hr security? | *Yes / No |
| 4. Are there any teachers at your School trained by Sik Sik Yuen Biotechnology Mobile Laboratory Program? *Yes / No | Name(s) and Year of Training: |
| 5. How does your School offer Biology in the NSS Curriculum? As: | * ½X / 1X / 'Not Offered' |
| 6. Which electives in the NSS Biology curriculum will your School offer? A. Human Physiology; B. Applied Ecology; C. Microorganisms and Humans; D. Biotechnology | In 2015-2016 *None / Undecided / A / B / C / D |
| | In 2016-2017 *None / Undecided / A / B / C / D |
| | In 2017-2018 *None / Undecided / A / B / C / D |



Authorized and signed by the Principal

Date of Registration

School Chop

*** Please return the completed Registration Form to Ms. Sandy YEUNG by email at ytw@hoyu.edu.hk or by fax to 2109-2002. Thank you for registering in the BML Program.



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Application Form for the BML Program

To: Ms. Sandy Yeung
 Program Manager/ Lecturer, BML Program

The undersigned would like to book the use of the **MobileLab** for biotech education at the School. Details of the Biotech Education Program to be offered on the MobileLab are as follows:

| | | |
|--------------------------------|-------------------------|--------------|
| School Name: | (English) | (Chinese) |
| Name of the Teacher-in-Charge: | *Dr./Mr./ Ms. (English) | (Chinese) |
| Email Address: | | Contact No.: |

Proposed Biotech-on-Board Program (Biotech Education) to be offered on the MobileLab:

(Booking at least **TWO** months in advance.)

| | | | |
|--|---|--------------------------------------|--|
| Date(s): | | | |
| Format of the Program: | No. of Days Requested: _____ *Seminar / Workshop / Biotech Day (Please circle the activities requested) Please note that as the MobileLab normally arrives at the School by 8:00 a.m. and the set-up takes about an hour, the first course can only start at 9:00 a.m. or later. Duration of the Program will be about 6 hours and detailed schedules established to maximize benefits to students. | | |
| Courses / Activities Requested: (Please visit our website) | Sections: | Please specify Courses / Activities: | |
| | 1. Microbiology | _____ | |
| | 2. DNA Science | _____ | |
| | 3. General Science | _____ | |
| Classes of Students to use the MobileLab: | (1) | Name of Activity: | Level of Students: No. of Students: (** Max: 40 per class) |
| | (2) | Name of Activity: | Level of Students: No. of Students: (**Max: 40 per class) |

** Exception: For advanced experiments, the number of students would have to be scaled down to 32.

Authorization of this Application by the School Principal:

| | | |
|---------------|------------------------|--|
| (School Chop) | Principal's Signature: | |
| | Principal's Name: | |
| | Date: | |

Notes from the BML Program:

Please send in the completed Application Form by email (Attn: Ms. Sandy YEUNG, ytw@hoyu.edu.hk) or by fax to 2109-2002. We will contact the Teacher-in-Charge within one week of receipt to confirm the application, and arrange a **mandatory Pre-Lab Meeting** with the Teacher-in-Charge at our **Headquarter** (Ho Yu College and Primary School) in Tung Chung at least one month in advance to discuss the details of the Program.

I have read the above "Notes" and agree with the mandatory requirement.

| |
|---------------------------------|
| (Teacher-in-Charge's Signature) |
|---------------------------------|