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**Application for**

**General Team Assistance Scheme**

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| ***Notes for Applicant:*** 1. *This form is to be completed by the Person-in-charge.*
2. *Personal data provided in this form will be used only for processing the application and administrative matters.*
3. *The completed application form with the relevant documents should be submitted to the General Team Assistance Scheme (GTAS) Administrator before deadline or at least 6 weeks in advance for ad hoc application.*
4. *For assistance or further information, please seek advice from GTAS Administrator**via email* *ssa@ust.hk* *or call 2358 6658.*
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|  | *\* Delete where inappropriate* |
| **A.** | **Particulars of Student Group, Team and Applicant** |
| Name of Society:  |   |
| Name of the Team *(if applicable)*: |   |  |
| No. of Team Members: |   |  *(Please attach with the team member list)* |
| Name of Applicant: \*Mr /Ms |  | Position: |  |
|  |  (Surname) (Given Name)  |  |
| ITSC email: |   |  Mobile No. |   |
| **B.**  | **Particulars of Proposed Competition/Performance** |
| *(Please attach pamphlets, information booklets or relevant material(s) if available.)* |
| Name of \*Competition/Performance:  |  |
| Organizer(s): |   |
| Date(s) of \*Competition/Performance:  |   |
| *(Give the month of last year’s competition if schedule is not yet available. Inform SSA when the date is confirmed. Team Assistance may be reviewed/terminated subject to confirmation of event details.)* |
| Venue of Competition/Performance:  |   |
| No. of registered members for the Competition/Performance:  |   |
| Objective(s) of the Competition/Performance: |  |
| 1. |  |
| 2. |  |
| Benefits to be gained from participating in the Competition/Performance:  |
| 1. |  |
| 2. |  |

This is an [ ]  Inter-varsity level competition.

 OR

 [ ]  open to all performance.

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| **C.**  | **Particulars of Team Assistance Budget Proposal**  |
| **1.** | **Instructor Fee** covering team practice: |  |  |
|  | Training period from  |  | / |  | / |  |  to |  | / |  | / |   |  on (every) | (every) (week)(Week) w( (Week) |
|  | Time | From  | 8 |  To |  |
|  | No. of week(s) of practice |  | x |  (max. 2) | hrs per week 1  | = |  |  hrs  |
|  | No. of hours required on day of competition/performance | = |  |  (max. 8) hrs  |
|  **Total no. of hours** |  |  **hrs** |
|  |  |  |  |  |  |  |
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| Expected Training Schedule | Month | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May |
| No. of Training Days |  |  |  |  |  |  |  |  |  |
| *(Please attach with the confirmed venue booking form. The instructor’s appointment will not be confirmed until the confirmed venue* *booking is received.)* |

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| **2.** | **Team Uniform & Registration Fee** |  |
| a. |  | set(s) of **uniform**  | x | $ (max. $120)  | / set | = | HK$ (max. $2000) |
|  *(Please attach with sketch of uniform design and list of registered team members, if available.)* |  |  |
| b. | **Registration Fee** for competition/ performance proposed in item B*(Registration Fee can only be reimbursed upon presentation of relevant receipts and a team photo taken during competition/performance.)* | = | HK$  |
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| **D.**  | **Particulars of Appointed Part-time Instructor** |

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| --- | --- | --- | --- |
| Name: \*Mr/Ms |  (Surname) (Given Name)  |   |   |
|  | *(English)* |  *(Chinese)* |
| Mobile Phone: |   |  Email Address |   |

 **Documents required:**

*(Please attach all required documents. Application will NOT be processed if missing of any information/documents required.)*

For first time appointment:

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| - | 1. [HKUST Job Application Form](https://dst.ust.hk/upload/studentactivities/job_application_form.pdf) 2. [Personal Information Record Form](https://dst.ust.hk/upload/studentactivities/personal_information_record_form.pdf)3. Photocopies of document proof of qualifications and experience 4. Photocopy of HKID card 5. Valid work visa/permit (if applicable) |  |  |  |  |
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 For re-appointment: (The instructor was officially appointed by the University in last academic term):

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|  |  [Personal Information Record Form](https://dst.ust.hk/upload/studentactivities/personal_information_record_form.pdf) |  |  |  |  |

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| **E.**  | **List 1-3 Activity Course(s) that your Society will offer to all students, preferably in English** |
|  | *(Please attach with Application Form for Assistance in Organizing Student Activity Courses and proposal(s). Application may not be* *considered if there is no Activity Course(s) offered by your Society.)* |
| 1. |  |
| 2. |  |
| 3.  |  |

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| Signature of Applicant: |  | Date: |  | Society Chop: |  |
| Endorsed by GTAS Administrator:  |  | Date:  |  |