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**Application for**

**Assistance in Organizing Student Activity Courses**

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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. *The confirmed venue booking form should be attached.*
5. *Activity Courses should be relevant to the nature of the student group and be open to ALL students, both members and non-members. Priority could be given to members not attending team training. All participants should pay a course fee and deposit for Activity Course.*
6. *Activity Course cannot be profit-making. Any surplus generated from Activity Course fee and/or forfeited deposit should be submitted to the University. Bank-in the amount to the University’s account and submit the bank deposit advice together with the Event Report to the GTAS Administrator within 2 weeks after the course is completed.*
7. *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* |

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| **A.** | **Particulars of Course Organizer** |
| Name of Society: |   |
| Name of the Team (if applicable): |   |
| Name of Applicant: \*Mr/Ms |   | Mobile No. |  |
|  | (Surname) (Given Name)  |  |  |
| Position: |  | ITSC email:  |  @connect.ust.hk |  |  |

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| **B.** | **Particulars of Proposed Activity Course** |
| *(Please attach pamphlets, information booklets or relevant material(s) if available)* |
| Name of the Course: |  |
| Objective(s) of the Course *(Please attach course outlines and use additional sheet as appropriate)* |
| 1. |  |
| 2. |  |
| 3. |  |
| No. of Sessions | : |  | Hours per Session:  |  |
| Dates (dd/mmm/yyyy) | : |  |
| Time | : |  |
| Venue | : |  |
| *(Please tick as appropriate)* | Confirmed venue booking form  | [ ]  attached |[ ]  submit when available |
| Fee | : | Estimated no. of participants: |  |
|  | Course fee per participant *(excluding deposit)*: | HK$ |  |
|  | Refundable deposit amount:  | HK$ |  |
|  | Condition for deposit to be refunded *(please use additional sheet as appropriate)*: |
|  | a. |  |
|  | b. |  |

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| **C.** | **Particulars of Appointed Part-time Coach/Instructor** |
| *(Please attach all required documents. Application will NOT be processed if missing of any information/documents required)* |
| Name: \*Mr/Ms |  |  |  |
|  | (Surname) (Given Name)  |  | *(Name in Chinese)* |
| Mobile Phone:  |  | Email Address:  |  |
|  |

 **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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|  | 1. [Personal Information Record Form](https://dst.ust.hk/upload/studentactivities/personal_information_record_form.pdf)
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| **D.** | **Budget for the Proposed Course** |
| *(Detailed breakdown and reasonable estimates are required. Please use separate sheets if necessary)* |

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| **Expenditure:** | **HK$** |  |
| Instructor fee:  | ( |  | hours x HK$ |   | ) |  |  |  |
| Sub-total:  |  | **(E)** |
| **Income:** |
| Estimated course fee received (excluding deposit): |  |  | **(I)** |
| Balance (E)-(I): |  | **(B)** |
| **Expected Subsidy from GTAS:** |
| Instructor fee: | ( |   | Hours# x HK$338) |  |  | **(S)** |
| *# max. 18 hours* |  |  |
|  **Surplus/(Deficit)** (B)-(S): |  |  |
| In case of deficit, the deficit will be  |  |  |  |
|[ ]   Absorbed by Student Group  |[ ]   Shared by course participants |
|[ ]   Others *(please specify*):  |  |
|  |  |  |  |  |  |
| Signature of Applicant: |  | Date:  |  |  Society Chop: |  |
| Endorsed by GTAS Administrator: |  | Date: |  |