**The Chinese University of Hong Kong**

**Office of Student Affairs**

**Wellness and Counselling Centre**

**Student Disability Support Services**

**Sponsorship Programme on Promoting Understanding of Special Educational Needs**

**Application Form**

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| **A. Information of Applicant** | | | |
| Name of Student Group: |  | | |
| Information of Chief Coordinator: | Name: | | Year of Study: (UG / PG)\* |
| Student I.D. No.: | | Contact No.: |
| Email: | | |
| Information of Second Coordinator:  *(If any)* | Name: | | Year of Study: (UG / PG)\* |
| Student I.D. No.: | | Contact No.: |
| Email: | | |
| **B. Project Information** | | | |
| Name of Project: |  | | |
| Project Period: | From: To: | | Target Participants: |
| Project Nature:  *(Please “✓ ” all that are applicable)* | □ Booth  □ Competition  □ Exhibition | □ Performance/Show  □ Publication  □ Research | □ Talk/Seminar/Workshop  □ Others, please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Availability of other funding or sponsorship for this project: *(Please “✓ ” as appropriate)*  □ No □ Yes, please specify source and amount of funding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

*\* Please delete as appropriate*

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| **C. Project Proposal and Budget** | |
| Please submit a project proposal with the completed application form. The proposal should include the following information:   * Details of the project (objectives, detailed content, planned schedule, target participants,  number of participants and venues of the activities); * Estimated expenditure of individual items; * Publicity strategies; and * Expected impact of the project to the CUHK community     (The project proposal can be written in English or Chinese.) | |
| **D. Signature of Chief Coordinator:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of Chief Coordinator:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Chop of the Student Organization  (if applicable)** |

Please submit the completed application form and project proposal to:

**Ms. Jasvinda Ng**

**Disability Services Manager  
Wellness and Counselling Centre (OSA)**

**3/F, Pommerenke Student Centre, The Chinese University of Hong Kong**

Enquiries:

Tel.: 3943 4766 / 3943 5441 Email: [sdss@cuhk.edu.hk](mailto:sdss@cuhk.edu.hk)

**To be completed by the Office of Student Affairs**

**Application Result**

□ Application approved, with the approved budget of HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Application not approved

Comments, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: 　　　/　 / Signature:

( dd / mm / yy ) Director of Student Affairs

*November 2020*