

**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**

<b>A. Information of Applicant</b>		
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: <i>(If any)</i>	Name:	Year of Study: (UG / PG)*
	Student I.D. No.:	Contact No.:
	Email:	
<b>B. Project Information</b>		
Name of Project:		
Project Period:	From:                      To:	Target Participants:
Project Nature: <i>(Please "✓" all that are applicable)</i>	<input type="checkbox"/> Booth <input type="checkbox"/> Performance/Show <input type="checkbox"/> Talk/Seminar/Workshop <input type="checkbox"/> Competition <input type="checkbox"/> Publication <input type="checkbox"/> Others, please specify: <input type="checkbox"/> Exhibition <input type="checkbox"/> Research                      _____	
Availability of other funding or sponsorship for this project: <i>(Please "✓" as appropriate)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify source and amount of funding: _____ _____		

*\* Please delete as appropriate*

### 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: \_\_\_\_\_  
( dd / mm / yy )

Signature: \_\_\_\_\_  
Director of Student Affairs

*November 2020*