**Notes for Applicant:**

1. This form is to be completed by the Team Captain/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. To apply for HLTH1010 course hours, please submit separate application to HLTH1010 Course Office.
5. For assistance or further information, please seek advice from GTAS Administrator via email ssa@ust.hk or call 2358 6662.

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### A. Particulars of Student Group, Team and Applicant

<table>
<thead>
<tr>
<th>Name of Student Group:</th>
<th>ITSC email:</th>
<th>Mail Box:</th>
</tr>
</thead>
</table>

Name of Chairperson: *Mr /Miss [Surname in Block Letter]*

<table>
<thead>
<tr>
<th>ITSC email:</th>
<th>Mobile No.</th>
</tr>
</thead>
</table>

No. of Team Members: *(Please attach with the team list)*

Name of Applicant: *Mr /Miss [Surname in Block Letter]*

<table>
<thead>
<tr>
<th>ITSC email:</th>
<th>Mobile No.</th>
</tr>
</thead>
</table>

### B. Particulars of Proposed Competition/Performance

*(Please attach pamphlets, information booklets or relevant material(s) if available.)*

<table>
<thead>
<tr>
<th>Name of *Competition/Performance:</th>
<th>Organizer(s):</th>
</tr>
</thead>
</table>

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.)*

<table>
<thead>
<tr>
<th>Venue of *Competition/Performance:</th>
</tr>
</thead>
</table>

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. 

Other Participating Units: Inter-varsity

Open event
C. Particulars of Team Assistance Budget Proposal

1. **Registration Fee** for *competition/performance* proposed in item B. = HK$

2. **Instructor Fee** covering team practice:

   Training period from / / / to / / / on (week) __________

   No. of week(s) of practice x hrs per week $1 = __________ hrs (a)

   No. of hours required on day of *competition/performance* $2 = __________ hrs (b)

   HK$ 300 x (hourly rate) (a) + (b) = HK$

   Training Schedule:

<table>
<thead>
<tr>
<th>Month</th>
<th>September – January</th>
<th>February – May</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Training Days</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   (Please attach with the confirmed venue booking form. The instructor’s appointment will not be confirmed until the confirmed venue booking is received.)

3. **Team Uniform** (Please attach with sketch of design and list of registered team members, if available.)

   _____ set(s) of uniform x $120 / set $3 = HK$

   Total Amount Requested: HK$

   **NOTES:**

   1. Max. 2 hours per week for Team Training
   2. Max. 8 hours on the day of performance/competition
   3. Max. 120 per set and up to HK$2,000 in total upon presentation of relevant receipts

D. Particulars of Appointed Part-time Instructor

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

Name: *Mr/Ms ___________________________ (English) ___________________________ (Chinese)

Mobile Phone: __________________________ Email Address __________________________

Documents required checklist:

For first time appointment:

☐ The completed HKUST Job Application Form*
☐ The completed Personal Information Record Form*
☐ Photocopies of document proof of qualifications and experience
☐ Photocopies of HKID card and valid work visa/permit (if applicable)

For re-appointment (The instructor was officially appointed by the University in last academic term):

☐ The completed Personal Information Record Form*

*The Job Application Form and Personal Information Record Forms are downloadable at
https://dst.ust.hk/upload/studentactivities/personal_information_record_form.pdf

E. List 1-3 Activity Course(s) that your Society will be offered to all students, preferably in English

(Please attach with the proposal(s). Application may not be considered if there is no Activity Course(s) offered by your Society.)

1. __________________________________________

2. __________________________________________

3. __________________________________________

Signature of Applicant: ________________ Date: ________________ Society Chop: ________________

Endorsed by GTAS Administrator: ________________ Date: ________________