



Dean of Students' Office  
Sports Team Assistance Scheme (STAS)  
**Application form**

**Notes on completing this application:**

1. This form is to be completed by the **Team Captain/ Representative**.
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 STAS Administrator at Room LG3002 (via lift 6) by Thursday, 3 July 2025.
4. If any assistance or further information is required, please seek advice from your **DSTO Sports Advisor** or **STAS Administrator** via email at [stuta@ust.hk](mailto:stuta@ust.hk) or by call 2358 5848.

\*Please delete as appropriate.

**A. Name of Student Sports Club/ Group:** \_\_\_\_\_

ITSC email: \_\_\_\_\_ Mail Box: \_\_\_\_\_

Name of Chairman: \*Mr. /Ms \_\_\_\_\_ (SURNAME in Block Letters)

ITSC email: \_\_\_\_\_ Contact No: \_\_\_\_\_

**B. Particulars of the Sports Team**

Name of the Team: \_\_\_\_\_ (\*M / F / M+F / Mixed)

Number of Team Members: \_\_\_\_\_

**C. Particulars of Applicant (Team Captain/ Representative)**

Name: \*Mr./Ms \_\_\_\_\_ Post: \*Team Captain/ Representative  
(SURNAME in Block Letters)

ITSC email: \_\_\_\_\_ Mobile No: \_\_\_\_\_

**D. Particulars of the Proposed Competition**

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

Name of the Competition: \_\_\_\_\_

Organizer(s): \_\_\_\_\_

Objective(s) of the Competition:

1. \_\_\_\_\_
2. \_\_\_\_\_

Format of the Competition: (Please tick the appropriate box(es))

\*One-day/Two-day event on \_\_\_\_\_ (dd/mm/yy) at \_\_\_\_\_ (venue)

Series of matches from \_\_\_\_\_ to \_\_\_\_\_ (mm/yy) at \_\_\_\_\_ (venue)

Intervarsity event  Open event

Participating units include \_\_\_\_\_

Max. Number of Registered Competitors in the team: \_\_\_\_\_

Benefits to be gained from participating in the Competition:

1. \_\_\_\_\_
2. \_\_\_\_\_

#### E. Particulars of Team Assistance Requested

- Max.2 hours per week for Team practice (M/ F /Mixed); OR  
Max. 3 hours per week for Team practice (M + F)
- Max. 2 hours per match/ performance; OR  
Max. 6 hours OR actual hours for the 1-day event

No.	Item				Amount Required
1.	Registration Fee Subsidy of the proposed competition (listed in D.)				= HK\$ _____
2.	Coaching Fee Subsidy Covering period from ____ / ____ / ____ to ____ / ____ / ____ (dd/mm/yy)				
	a. Training hours for practice	____ weeks	X	____ hrs per wk	= HK\$ _____
	b. Coaching hours at the competition	____ match(es) or event day(s)	X	____ hrs per time	X hourly rate HK\$ _____ = HK\$ _____
				Total = _____ hrs	= HK\$ _____

#### F. Particulars of Nominated Sports Team Coach

(Please tick the box as appropriate and note the application will NOT be processed if any required information or document is missing)  
**# Personal Information Record and Job Application Forms can be downloaded at <https://dst.hkust.edu.hk/eng/detail.php?catid=6&sid=49>**

Coach to be arranged by Dean of Students' Office

A coach is nominated (Please fill in the information & attach the required documents together with this application.)

Name: \*Mr. / Ms \_\_\_\_\_ (\*Full-time / Part-time)  
 (English) \_\_\_\_\_ (Chinese) \_\_\_\_\_

Contact. No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Completed Personal Information Record Form # of the nominated part-time coach  Attached  Not attached

Completed HKUST Job Application Form # of the nominated part-time coach  Attached  Not attached

**Is the nominated Part-time Team Coach officially appointed by DSTO in 2023-24?**

Yes

No (Must attach the following required documents together with this application.)

1. Photocopies of documentary proof of qualifications and experience  Attached  Not attached

2. Photocopy of HK ID card  Attached  Not attached

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Society Chop: \_\_\_\_\_

Endorsement by DSTO Sports Advisor: \_\_\_\_\_ Date: \_\_\_\_\_