|  |
| --- |
| ***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 Wednesday, 31 July 2024.*
4. *If any assistance or further information is required, please seek advice from your* ***DSTO Sports Advisor*** *or* ***STAS Administrator*** *via email* *stuta@ust.hk* *or call 2358 5848.*
5. \**Please delete as appropriate.*

 |

|  |  |
| --- | --- |
|  | Dean of Students’ OfficeSports Team Assistance Scheme (STAS)**Application form** |

|  |  |
| --- | --- |
| **A. Name of Student Sports Club/ Group:** |  |
| ITSC email: |  | Mail Box: |  |
| Name of Chairman: \*Mr. /Ms |  | (SURNAME in Block Letters) |
| ITSC email: | Mobile  |  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. |  |

1. **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$**  |
| **2.** | **Coaching Fee Subsidy**Covering period from / / to / / (dd/mm/yy) |  |  |
|  | 1. **Training hours for practice**
 |  weeks | X |  hrs per wk  | X | hourly rate HK$  | = | HK$  |
|  | 1. **Coaching hours at the competition**
 |  match(es) or event day(s) | X |  hrs per time  | = | HK$  |
|  |  | **Total**  | **=** |  **hrs** | **=** | **HK$**  |

1. **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: