



# Application for General Team Assistance Scheme

## Notes for Applicant:

1. This form is to be completed by the 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. For assistance or further information, please seek advice from GTAS Administrator via email [ssa@ust.hk](mailto:ssa@ust.hk) or call 2358 6658.

\* Delete where inappropriate

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

Name of Society: \_\_\_\_\_

Name of the Team (if applicable): \_\_\_\_\_

No. of Team Members: \_\_\_\_\_ (Please attach with the team member list)

Name of Applicant: \*Mr /Ms \_\_\_\_\_ Position: \_\_\_\_\_  
(Surname) (Given Name)

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

## B. Particulars of Proposed Competition/Performance

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

Name of \*Competition/Performance: \_\_\_\_\_

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

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.)

Venue of Competition/Performance: \_\_\_\_\_

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. \_\_\_\_\_

This is an  Inter-varsity level competition.

OR

open to all performance.

### C. Particulars of Team Assistance Budget Proposal

#### 1. Instructor Fee covering team practice:

Training period from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ on (every) \_\_\_\_\_ (week)  
 Time From \_\_\_\_\_ To \_\_\_\_\_  
 No. of week(s) of practice \_\_\_\_\_ x \_\_\_\_\_ (max. 2) hrs per week = \_\_\_\_\_ hrs  
 No. of hours required on day of competition/performance = \_\_\_\_\_ (max. 8) hrs  
**Total no. of hours** \_\_\_\_\_ **hrs**

Expected Training Schedule	Month	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
	No. of Training Days									

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

#### 2. Team Uniform & Registration Fee

a. \_\_\_\_\_ set(s) of uniform x \$ \_\_\_\_\_ (max. \$120) / set = 

HK\$	(max. \$2000)
------	---------------

  
 (Please attach with sketch of uniform design and list of registered team members, if available.)

b. **Registration Fee** for competition/ performance proposed in item B = 

HK\$
------

  
 (Registration Fee can only be reimbursed upon presentation of relevant receipts and a team photo taken during competition/performance.)

### D. Particulars of Appointed Part-time Instructor

Name: \*Mr/Ms \_\_\_\_\_ (Surname) \_\_\_\_\_ (Given Name) \_\_\_\_\_  
 (English) (Chinese)

Mobile Phone: \_\_\_\_\_ Email Address \_\_\_\_\_

#### Documents required:

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

For first time appointment:

1. [HKUST Job Application Form](#)
2. [Personal Information Record Form](#)
3. Photocopies of document proof of qualifications and experience
4. Photocopy of HKID card
5. Valid work visa/permit (if applicable)

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

[Personal Information Record Form](#)

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

(Please attach with Application Form for Assistance in Organizing Student Activity Courses and 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: \_\_\_\_\_