

# Hong Kong Baptist University Faculty of Social Sciences Periential Learning Grant AV2021/22 (3)



#### **Student Experiential Learning Grant, AY2021/22 (3rd round)**

## Application Form – Activities of SOSC3006/GCAP3146 Global Outreach (Type B) Notes

- 1. Please read the guidelines carefully before filling out this form.
- 2. This form must be <u>TYPED clearly in English</u> by the Applicant (Section A & B) with the recommendations of the Experiential Learning Coordinator / Supervisor (Section C).
- 3. The completed form (Section A, B & C) together with [1] original invoices/receipts/payment proof, [2] proof of activity attendance / completion, [3] original boarding passes/train tickets (for travel expenses AND activity participated face-to-face only) should be submitted to the Faculty Office of Social Sciences by email to soscinfo@hkbu.edu.hk on or before the deadline of application. Retrospective/ incomplete / late application for the Grant will NOT be considered. Hardcopies of documents may be required upon request.
- 4. By submitting the application, the applicant acknowledges that he/she has read and understood the "Privacy Policy Statement" and "Personal Information Collection Statement" (PPS/PICS) from the University (Available here). And applicants have authorised the Faculty Office to use those information/data collected hereunder for the purpose of SELG and any other related purposes for the exercise. They will be presented to the Faculty and other appropriate parties in the University for consideration and processing.
- 5. Application results will be released via HKBU email.

#### SECTION A: Details of Applicant & Experiential Learning Coordinator/ Supervisor

•••	ndividual Applicant	ţ					
Ν	lame (English)		(Chinese)	Gender			
S	tudent No.		Expected Graduation Year				
S	tudy Programme			Cumulated GPA	Year		
Ε	mail Address			Mobile ———			
E	xperiential Learnin	g Coordinator/ Sup	pervisor				
١	Name (English)			Department			
	Email Address			Tel. / Ext.			
		SECTION B: De	tails of the A	ctivity (please 🗸 as appropri	ate)		
1	<b>Course Enrolled</b>	d □ SOSC 3006 Global Outreach □ GCAP3146 Global Outreach					
2	2 Enrolled Period Semester , AY 2021/22						
3	Type of Activity	f <b>Activity</b> □ Participated individually □ Participated in group					
4	Mode of Activity	Activity □ Online □ Mixed □ Face-to-face					
5	Name(s) of Activ	ity(ies)					
6	Date of the whol	e activity (Activity sh	ould be complete	ed <u>within</u> the eligible period)			
	From		to		(DD/MM/YYYY)		
	Location / Venue		<u> </u>				

#### 8 Summary of Actual Expenses with breakdown and supporting documents^

Note: Expenses without supporting documents (original invoices/ receipts/ payment proof) will **NOT** be counted

Accommodation expenses*  Registration fees*  Total#	ltem	Description	Actual Amount (HK\$)	Supporting Document^ (Appendix No.*)
Accommodation expenses*  Registration fees*	Travel expenses*			
Registration fees*	-			
Registration fees*				
Registration fees*	Accommodation expense	<u> </u>		
	Accommodation expense			
	Registration fees*			
Total#				
Total <sup>#</sup>				
Total#				
Total <sup>#</sup>				
Total#				
Total <sup>#</sup>				
Total <sup>#</sup>				
i otal"		T - 1 - 1#		
		l otal"		

	Other Funding Sources / Remun	eration			
Please <b>√</b>	as appropriate:				
This activity has not been / will not be funded by other sources of funding.					
☐ This activity has been / will be funded by other funding sources.					
	(Funding party:	Amount: HK\$		)	
	(Name of	<del></del> .		_	
	Support:	)			
	I (We) have received / will receive the remuneration.				
	(Organiser:	Amount: HK\$		)	
				_	

<sup>^</sup> Please translate the content into English if the language used in the supporting documents is not English.

<sup>\*</sup> Please attach the original invoices, receipts, payment proof, or/and train tickets/boarding passes on A4 paper(s) and mark the Appendix Number(s) for submission.

<sup>#</sup> The amount of reimbursement will be based on the approved funding rate (%) of actual expenses of the activity which will not exceed the approved grant maximum.

### <sup>10</sup> Submission Checklist

To facilitate the vetting and processing	g of the	e appli	icatio	n, app	olicant(s) MUST	provi	de the following supporting		
documents together with this application (please ✓ as appropriate):									
Original invoices/receipts/payment proof for travelling expenses (e.g. airfare or train tickets) listed on Point 8									
Original copies of train tickets/b on Point 8	Original copies of train tickets/boarding passes for travelling expenses (e.g. airfare or train tickets) listed								
☐ Original invoices/receipts/paym	☐ Original invoices/receipts/payment proof for accommodation expenses (e.g. hotel fee) listed on Point 8☐ Original invoices/receipts/payment proof for registration fees listed on Point 8								
☐ Proof of activity attendance / co	•		i i egi	Jei aei	on rees hated of				
Recommendations from the Exp	•		arning	g Cooi	dinator/ Superv	visor <u>(</u>	Section C of this form)		
<sup>11</sup> Declaration									
I hereby declare that all information pr							•		
immediately whenever differences ar									
provided will be used for matters relat	ed to	the ad	minis	tratic	on of the Studen	it Expe	eriential Learning Grant.		
Signature of Applicant				_			Date		
SECTION C: Recommendation	n of t	he F	vner	ienti	al Learning Co	oordi	inator/ Supervisor		
			•				- •		
Note: The Experiential Learning Coordina successful applications for the Grant.	tor/ Su	ipervis	or wil	ı evai	uate the Reflecti	ion Re	port of the Applicant upon		
☐ Recommended ☐	Not	Recon	nmon	dod	(nloge		s appropriate)		
	NOL	Necon	iiiiei	iueu	(pieus	se v u	s αρριομπαίε <i>)</i>		
Comments:									
Signature of the Experiential									
Learning Coordinator/ Supervisor					Date	<b>1</b>			
						_			
For Office Use									
Received on:					Checked on:				
First Time Application		Yes		No	Activity for Glo Outreach	obal	☐ Yes ☐ No		
The completed form (Section A, B &C)		Yes		No					
Submission of original									
invoices/receipts/payment proof(s) for		Yes		No					
each written expense in Section 8									
Submission of proof of activity attendance / completion		Yes		No					
Submission of original boarding									

#### **SECTION D: Approval (For Office use)** 1. Approval / disapproval of applications should be completed by the Faculty Office. Ref. No.: Applicant should sign to indicate acceptance / refusal of the grant. Part I: For Faculty Office **Individual Applicant** (Chinese) Student No. Name (English) Study Programme Name of Activity Resolution: based on the budget estimate Approved Rate of support: of the application and up to Not approved Remarks Signature Date Associate Dean (Learning and Teaching) **Faculty of Social Sciences** Part II: For Applicant Acceptance / Refusal of Grant for the above-mentioned activity. ☐ accept ☐ decline the grant up to HK\$ I will (please refer to Part I above) I state that, in case of acceptance, I will fulfil the obligations as stipulated in the policy guidelines on the Student Experiential Learning Grant (SELG). I will submit all required materials to the Faculty of Social Sciences and conduct a sharing presentation upon request and understand that the information provided would be used by the Faculty of Social Sciences for reimbursement, publicity and sharing purposes. I note that the reimbursement is based on the abovementioned approved funding rate (%) of actual expenses of the activity up to the amount of the approved grant maximum. Signature Student No. Name in block Date **SECTION E: Reimbursement (For Office use)** 1. The Applicant should submit the reflection report with photos and the summary of expenses with original official receipts together with the proof of activity attendance/completion to the Faculty Office. 2. The Faculty Office should check all the receipts and send them together with the completed Reimbursement Form to the Finance Office for the reimbursement process. Submission by Applicant Submitted on: (YYYY/MM/DDD) Report ☐ Photos ☐ Receipts ☐ Activity proof Total Amount of reimbursement: HK\$ Reimbursement Form No. Date to Finance Office **Cheque Received by the Applicant** Cheque No. Issue Date Signature Student No. Name in block Date