

**Student Development Services (SDS)
Student Life and Resources Section**

**Activity Proposal Form
(For applying under Student-Led Activities)**

(Please type or write clearly in black.)

Notes to applicants:

1. The completed form with supporting documents (if applicable) should be submitted to Student Development Services (6/F, Bank of China (HK) Complex, City University of Hong Kong) or emailed to sdssat@cityu.edu.hk **at least one month before the intended event date.**
2. Proposing teams will be notified of the application results via email. To accept the offer, the proposing team is required to acknowledge via email.
3. Any incomplete or missing information in the Activity Proposal Form may lead to the delay in processing. The University reserves the right to terminate the proposed activities if violation of regulations happens.
4. Personal data provided in this form will be used only for processing related administrative matters. The Activity Proposal Form will be kept for one year after submission and will be destroyed afterward without further notice.

1. Information of the Activity Organisers			
Name of Applicants			
Name of activity (English and Chinese, if applicable)			
Endorsed by full-time staff advisor (at the rank of Executive Officer or above)	Department:		
	Advisor Name:		
	Email:		
Person-in-charge	Student 1	Student 2	Student 3
Full Name in English			
Full Name in Chinese (if any)			
Student ID			
Email Address			
Contact No.			
Signature			
Date of submission			

2. Details of Activity						
Will there be sponsorship solicited for the activity? (Students and student organisations are not allowed to seek sponsorship without obtaining SDS approval)			Yes / No (if yes, please submit sponsorship form)			
Objective of activity						
Date and Time of activity		Frequency		<input type="checkbox"/> One-off <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	Total number of sessions: _____	
Activity nature <i>(please choose one by ticking(✓) the box)</i>	<input type="checkbox"/>	Training	<input type="checkbox"/>	Exhibition	<input type="checkbox"/>	Ceremony
	<input type="checkbox"/>	Competition	<input type="checkbox"/>	Seminar/Talk	<input type="checkbox"/>	Performance
	<input type="checkbox"/>	Networking Event	<input type="checkbox"/>	Others (please specify): _____		
Mode of Delivery	Online/ Face to Face/ Hybrid		Activity Venue			
Registration Required	Yes / No		Admission fee		\$	
Planned number of participants	CityU Students					
	CityU Alumni					
	Non-CityU Students					
	External (please circle) Performer/ Speaker/ Judge/ Co-organiser/ Contestant/ Tutor/ Other: _____					
	Total					
Support from SDS (please indicate if needed)	<input type="checkbox"/> Display banner (max 6ft x 8ft)			Please check availability of the banner location with SDS Staff and send the draft of the banner for SDS's review before printing.		
	<input type="checkbox"/> Issue email through CityU Announcement Portal (CAP)			Please send the draft of the banner to SDS staff and please note that SDS will not help print the posters.		
	<input type="checkbox"/> Post poster on display boards					
	<input type="checkbox"/> Provide funding			Please submit Student Activity Fund application before making any expenditures for the event.		
	<input type="checkbox"/> Arrange QR Code for campus access			Please submit required information at least three days before the event.		
	<input type="checkbox"/> Other:					
3. Committees of Activity						

	Name	SID	Email	Year of Study	Role in the activity
1					
2					
3					
4					
5					
6					

4. Particulars of Activity

Please refer to the related templates and add rows as necessary.

Template 1- Schedule for multi-session activity

Week 1	
Week 2	
Week 3	
Week 4	

Template 2- Timetable for Consecutive days activity

(For overnight activity, please also provide the content)

Date	Time	Content (*Please provide objective, format and PIC for each activity)

Template 3- Rundown for One day activity

Time	Rundown	Remark

5. Budget (Please add rows as necessary.)

#	Source of funding	Unit Price	Quantity	Subtotal	Source
1					
2					
3					
4					
Total					
#	Expenditure	Unit Price	Quantity	Subtotal	Source
1					
2					
3					
4					
Total					

5.1 Quotation support (if necessary)					
Item	Supplier		Price	Source (Cap screen/ Link)	Selected supplier (✓)
	1				
	2				
	1				
	2				

For Office Use Only				
Ref no.	Date received	Staff name	Signature	Remarks