

THE HONG KONG COUNCIL OF SOCIAL SERVICE
Information Technology Resource Centre

SUBSIDY APPLICATION FORM

This form should be completed and returned to Ms. Shiny TSANG, Information Technology Resource Centre, The Hong Kong Council of Social Service, 11/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong.

In compliance with the Personal Data (Privacy) Ordinance, all personal details would be kept in strict confidence.

PART I: TO BE COMPLETED BY APPLICANT (PLEASE TYPE)

1. I would like to apply for subsidy to attend the event of:

Study Visit on Digital Transformation of Social Services (March 20 - 22, 2024)

2. Name of Applicant: *(as appeared in your travelling document)*

*Prof/Dr/Mr/Mrs/Ms

_____ (Surname)

_____ (Other name)

_____ (Please give name in Chinese, if any)

** Please delete the inappropriate.*

3. Name of Sponsoring Organisation: _____

Position: _____

Work Unit/ Department: _____

4. Mailing Address _____

Tel: (Office) _____

Fax: _____

(Mobile) _____

E-mail: _____

5. Education:

Post-graduate

Degree

Associate degree /Diploma

Secondary

Primary

Others

6. Work Experience in Social Welfare Field. (If you are not a *paid* staff of any welfare agency, please give your voluntary work or relevant work experience in social welfare field:)

(In chronological order, starting with present or the most recent employment/voluntary work experience)

Name of Agency	Field of Services (e.g. school social work)	Position Held	Duration of Service (no. of years)

PART I: TO BE COMPLETED BY APPLICANT (PLEASE TYPE)

7. Experience in Overseas Conferences or Study Visits in the last three years, if any:

Name of Conference/Study Visit	Place	Year	Please tick if attendance was subsidised by the HKCSS
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

8. If your subsidy application fails, will you consider to join the Council's delegation on a self-financed basis?

Yes No

No subsidy is required. I will participate on self-financed basis
(please note that it may subject to the limitation of total no. of participants.)

9. What do you expect to achieve through participating in the captioned event?

10. What do you think you can contribute to the event as a member of the Council's delegation that represents the Hong Kong welfare sector?

11. Statement by Applicant

I hereby declare that all information given in this form is true and complete to the best of my knowledge. I accept that this information will be used in the selection process and that any misrepresentation will disqualify my application. I authorize The Hong Kong Council of Social Service to use my data for statistical and research purposes. I understand that I will have to take up the responsibilities as required if I am selected to join the delegation organised by The Hong Kong Council of Social Service.

Signature of Applicant:

Date:

Personal Information Collection Statement

Personal data provided on this form will be used for the application of this event and destroyed when no longer required. Any request for access or correction of personal data should be addressed to Manager (Human Resources and Administration).

If you do not wish to receive other information from the Council, please put X in the box.

PART II: TO BE COMPLETED BY SPONSORING AGENCY HEAD (PLEASE TYPE)

1. **Reasons for Recommending the Applicant:**

2. **A successful subsidy applicant is obligated to engage in a delegation meeting, a review meeting and preparatory meetings (if any); other follow-up actions requested by the funding body, including completing a feedback form, submitting a written report and conducting a report-back sharing session for local welfare personnel. Will your organisation support the applicant in fulfilling these tasks?**

3. **If your Agency/Organisation is recommending more than one staff, please indicate your priority position for this Applicant:**

Signature :

Name :

Position :

Name of Organisation :

Address :

E-mail address:

Telephone :

Date :

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