

HONG KONG BAPTIST UNIVERSITY
OFFICE OF STUDENT AFFAIRS
UNIT FOR STUDENTS WITH SPECIAL EDUCATIONAL NEEDS
Application Form
Development Grant for Students with Special Educational Needs

Application

Applicants should read the Application Guidelines before submitting application.
Eligible applicants should submit the completed application form together with the project proposal to the office of Unit for Students with Special Educational Needs (USSEN) by email to ussen@hkbu.edu.hk or in person (DLB704A, Shaw Campus, during office hours) **at least six weeks** prior to the start of the project.

Section A: Personal Information

1. Name in English (Mr/Ms/Miss*) : _____
2. Name in Chinese (if applicable) : _____
3. Student Number : _____
4. Contact Telephone Number : _____

**Please delete where inappropriate*

Section B: Type of Special Educational Needs (SEN)

Please tick “√” in the appropriate box below. Double tick “√√” the major disability/special educational needs (SEN) type if more than one SEN types are applicable to you.

	1. Physical Disabilities
	2. Hearing Impairment
	3. Speech Impairment and/or Language Impairment
	4. Visual Impairment
	5. Specific Learning Disabilities
	6. Attention Deficit / Hyperactivity Disorder
	7. Autism Spectrum Disorder
	8. Developmental Coordination Disorder
	9. Mental Illnesses
	10. Visceral Disability / Chronic Illness
	11. Others

Section C: Type of proposed project

Please tick “√” in the appropriate box below. Put more than one “√” if more than one activity related to the proposed project.

	1. Exhibition / Road Show
	2. Seminar, Talk
	3. Research Project
	4. Publication
	5. Education Project
	6. Extra-curricular or Community Learning Activity
	7. Local or overseas study tour
	8. Others

Section D: Granting Rules

- (i) 70% of the promotion/production/participation costs, with a maximum of \$10,000 per application.
- (ii) The total amount of grant must not exceed the total amount of deficit of the project subsidized or net payment of applicant participating project.
- (iii) The USSEN may exercise discretion to approve extra amount of grant to applicant if the project is proven to be well deserved, subject to available resources.
- (iv) The USSEN reserves the final rights on the decisions of subsidy allocation and guidelines amendment at any time as appropriate.

Section E: Declaration

I declare that the information provided in this form including the project proposal, any supporting document(s) is complete and true. I am aware that the USSEN will rely on the information provided in this form and the supporting document(s) to determine my eligibility for the grant. I understand that any person who obtains the aforesaid grant by dishonest means will be required to return the money to the USSEN. I also declare that I have not applied or received any subsidies within the Office of Student Affairs.

Name of Applicant : _____

Signature of Applicant : _____

Date : _____

For enquiries, please contact Miss Beina Chan at 3411 2824 or email to ussen@hkbu.edu.hk

Section F: Scholarships/Financial Aids Declaration

USSEN requires that applicants shall notify us of any scholarships/financial aids that s/he received or will receive from Hong Kong Baptist University and/or outside the University as a source of financial aid.

Please note that if your outside scholarships/financial aids affect your application, we will contact you prior to making appropriate adjustments. Upon receipt of this form, USSEN reserves the right to review your eligibility.

Please list the scholarships/financial aids you received/will be receiving.

Date of received/will be receiving	Name of Scholarships/Financial Aids	Organizing Unit	Amount (HK\$)

(Please use the back of this form if more space is needed).

If you have any scholarship/financial aid applications that are pending, please indicate these below:

Year of Application	Name of Scholarships/Financial Aids	Organizing Unit	Amount (HK\$)	Expected Notification Date

Section G: Endorsement by Academic Advisor

I support the applicant _____ in submitting this application for the Development Grant for Students with Special Educational Needs.

Name of Academic Advisor : _____

Department / Faculty of Academic Advisor : _____

Relationship : _____

Signature of Academic Advisor : _____

Date : _____

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Personal Information Collection Statement

1. The USSEN will use the personal information collected in this form and all supporting document(s) for the following purposes:
 - (i) Processing of an application and reviewing an application result for the subsidies provided for the applicant, including verification of the personal information of the applicant with the information contained in other databases for the purpose of ascertaining the eligibility of an applicant;
 - (ii) Projects (if applicable) related to the recovery of the grant overpaid to an applicant stated in (i) above; and
 - (iii) Conducting of statistical study and user survey.
2. It is voluntary for an applicant to provide the personal information to the USSEN. However, the USSEN may not be able to process an application if the personal information provided is incomplete.

(Last revision date: 13 July 2020)