248/223

**THE UNIVERSITY OF HONG KONG**

GALLANT HO EXPERIENTIAL LEARNING FUND – Student-initiated Project

Application Form

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| Projects applying for the Gallant Ho Experiential Learning Fund must comply with the HKU Horizons framework stipulations on Mainland/International learning experience. The duration of each learning experience must be no less than three weeks, at least two of which should be outside Hong Kong.Applicants should seek advice from an academic mentor when conceptualizing and writing up their proposals. The academic mentor could be an academic adviser, a teacher on the professoriate track, or a member of the Management Committee of the Gallant Ho Experiential Learning Centre (membership list viewable at <http://ghelc.hku.hk/management-committee-ghelc/>).Please visit <http://ghelc.hku.hk/experiential-learning-fund/> for more information. |

1. **Project Team**

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| **Project Coordinator** |
| Surname |  |
| Other Name |  |
| Name in Chinese |  |
| Mobile Phone Number |  |
| Email Address |  |
| Correspondence Address |  |
| University Number |  |
| Faculty |  |
| Curriculum e.g. BA, BBA, BSc (Actuar Sc) |  |
| Year of Study |  |

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| **Other Core Team Members and Project Participants** |
| Core Team Members/ Project Participants |  |  |  |  |  |
| Surname |  |  |  |  |  |
| Other Name |  |  |  |  |  |
| Name in Chinese |  |  |  |  |  |
| Mobile Phone Number |  |  |  |  |  |
| Email Address |  |  |  |  |  |
| Correspondence Address |  |  |  |  |  |
| University Number |  |  |  |  |  |
| Faculty |  |  |  |  |  |
| Curriculum e.g. BA, BBA, BSc (Actuar Sc) |  |  |  |  |  |
| Year of Study |  |  |  |  |  |

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| **Academic Mentor** |
| Surname |  |
| Other Name |  |
| Home Faculty |  |
| Position |  |
| Capacity: Academic Adviser, Teacher (at Assistant Professor or above), or GHELC Management Committee Member |  |

1. **Project Details**

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| **Project Information** |
| **Project Title:** |  |
| **Location(s) of Project:** |  |
| **Number of Student Participants:** |  |
| **Expected Start Date:** |  |
| **Expected Completion Date:** |  |
| **Student Group/ Club/ Society (if any):** |  |
| **Website (if any):** |  |
| **Facebook (if any):** |  |

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| **Format of Activity** |
| *(Please indicate the format the proposed project will take on.)* |
| □ short-term study/ study trip |
| □ practical experience |
| □ service experience |
| □ event |
| □ others (pls specify) |

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| **Project Summary** |
| *(Please summarize in not more than 500 words what participants will do for the proposed experiential learning project. Explain what kind of issues or needs will be addressed and to what extent the target community stakeholders will benefit. Describe how participants will be guided and benefit from the community partnership, teachers and/or peers. Specify deliverables, evidence of impact and any other useful information.)* |
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| **Learning Objectives and Learning Outcomes** |
| *(Please list and describe the learning objectives of the proposed project.)* |
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| **Achievement of University Educational Aims** |
| *(Please tick against the University Educational Aim(s) that the proposed project will achieve. Please work in consultation with your Academic Mentor.)* |
| □ Pursuit of academic/professional excellence, critical intellectual enquiry and life-long learning□ Tackling novel situations and ill-defined problems□ Critical self-reflection, greater understanding of others, and upholding personal and professional ethics□ Intercultural understanding and global citizenship □ Communication and collaboration□ Leadership and advocacy for the improvement of the human condition |

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| **Impact and Contribution** |
| *(Please describe the anticipated impact and contribution to the target beneficiaries.)* |
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| **Capability of Team Members: Professional Knowledge and Skills** |
| *(Please elaborate on the professional knowledge and skills of the team members and explain how they can execute the project )* |
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| **Information on External Partner Organization(s), if any** |
| **Total number of community partners as per organization unit:** |  **( )** |
| **Organization Name:** | **Nature of the Business:** | **Person-involved** | **Role and contribution to the project and student learning** |
|  | * **NGO**
* **Government**
* **Academic/Educational**
* **Commercial**
* **Professional**
* **Others***, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
 | Title: (\*Prof./Dr./Mr./Mrs./Ms.)Name:Position:Email: Phone: |  |
|  | * **NGO**
* **Government**
* **Academic/Educational**
* **Commercial**
* **Professional**
* **Others***, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
 | Title: (\*Prof./Dr./Mr./Mrs./Ms.)Name:Position:Email: Phone: |  |

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| **Target Beneficiaries** |
| **Beneficiaries** | **Population size**  |
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1. **Action Plan**

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| **Experiential Learning Activity and Schedule**  |
| **Expected Project Implementation:****in the academic year of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** **1st Term**
* **2nd Term**
* **Summer Term**
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| **Preparation Schedule** |
| **#** | **Description of Activity**  | **Date** *(MM/YY)* |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **Experiential Learning Activity and Schedule** |
| **#** | **Description of Activity**  | **Location** | **Date** *(MM/YY)* | **Duration** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **Learning Facilitation and Support** |
| **#** | **Description of Facilitation & Support** *(any briefing or training workshops for students, on site guidance and feedback, post activity debriefing etc.)* | **Facilitator** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **Deliverables** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |

1. **Dissemination of Finding, Effective Practice and Accomplishment**

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| **Dissemination Activity and Schedule** *(Activities, schedule, target participants etc.)* |
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1. **Project Budget**

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| **Use of Experiential Learning Fund (ELF) for the Proposed Project** |
| **Item** | **Description**  | **Amount (HK$)** | **Source of Funding**(Please indicate funding received from/ being applied for from other source of funding) |
| **Subsidy for Participant Expenses** |
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| **General Expenses** |
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| **Total Project Budget:** |  |  |
| **Total Budget Requested from ELF:**  |  |  |
| **Total Funding from Alternative Sources:** |  |  |

**F. Supplementary Information** *(Please use separate sheets if necessary)*

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| **G. Endorsement**To complete the application procedure, please:1. complete Sections A-F and submit online,
2. complete Section G in hardcopy and send in the duly endorsed form to the Gallant Ho Experiential Learning Centre

before the application deadline.

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| * I acknowledge that there are required project deliverables from Experiential Learning Fund. I shall submit on time by the end of the course, project or academic year, **^a project completion report,** a **\*2-minute video and 5 photos** of resolution high enough for broadcasting and print purposes, and a **#participant contact list.**
* I acknowledge that should there be any deviation in implementation of the proposed project after funding approval, I would inform the Gallant Ho Experiential Learning Centre in time for endorsement.
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| **Signature of Project Coordinator** |  | **Date** |

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| **Signature of Academic Mentor***(N.B. Electronic signature will not be accepted.)* |  | **Date** |

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**Remarks**

**^***A report template is available for use. Download from the GHELC website or contact GHELC colleagues.*

**\****The theme of the video can be on the experience, attainments, feedback from the project team, students and community partners and/or any other relevant topics as the project leader considers as appropriate. The video will be used by GHELC for report, publicity and/or educational purposes for both the University community and public audience.*

**#***Only students’ full names and HKU email addresses are required for quality assurance and research purposes such as invitation to survey and interview. Please inform and seek students’ consent.*

20170301; Amended 20170704; 20190918; 20211201; 20230222