

Magic Inclusive Project Pilot Award Scheme Application Form

Please note that all documentations and materials submitted for this project must be written in English.

A. This project is an Individual Project Group Project

B. Personal Particulars of Applicant (or Project Leader for Group Project)

Surname:	Given Name:	Name in Chinese:
School:		Programme (BFA/ BMus/ MFA/ MMus/ MA):
Major and Specialisation:		Year of Study:
Mobile No.:		Email Address:

C. Personal Particulars of Other Team Members (for Group Project)

\.Complete this section only if this is a group project

	Member A	Member B	Member C	Member D	Member E
Surname:					
Given Name:					
Name in Chinese:					
School:					
Programme (BFA/BMus/ MFA/ MMus/MA):					
Major and Specialization:					
Year of Study:					
Mobile No.:					
Email Address:					

Credit-bearing Course Information

\The.project.must.fulfil.the.academic.requirement.of.a.credit_bearing.course;

Course Title	Course Code	Offering School / Unit	Semester / Academic Year in which this course is offered	No. of Credits	Lecturer / Supervisor

D. Personal Particulars of Project Supervisor (HKAPA Faculty Member)

Title (Delete as appropriate): Prof/Dr/Mr/Mrs/Ms/Miss			
Surname:	Given Name:	Name in Chinese:	
School/ Department:		Discipline:	Full Time / Part Time:
Tel No. (Extension):		Email Address:	

Copyright

The copyright of the funded projects will be owned by the Academy, and ADAHK has the right to use any materials of the projects for advocacy of Arts for Everyone and public education purposes.

Each applicant agrees to authorise HKAPA, ADAHK and Hong Kong Disneyland to duplicate, distribute and use the materials submitted for the application in the processes of application and assessment, and for the purpose of archiving, and advocating through public education the causes of arts for everyone and/or inclusiveness through the arts.

Each applicant should ensure that permissions from copyright owners are granted if copyrighted materials are used in their proposed projects.

Personal Data

Each applicant authorises the HKAPA, ADAHK and the Hong Kong Disneyland to use their personal data for the purpose of processing the application, assessment, and administration of the proposed project. Personal data is handled in accordance with the provisions of the Personal Data (Privacy) Ordinance Cap.486 of the Laws of the Hong Kong Special Administrative Region.

E. Project Proposal

1. Project Title	
Project Title in English:	
Project Title in Chinese (if applicable):	
2. Abstract (within 150 words)	
3. Project Objectives (In bullet point form)	
4. Key Deliverables (in bullet point form)	
5. Targeted beneficiaries, numbers, recruitment method	
6. Work Schedule	
Month / Date	Action / Steps

7. Expected Outcome / Impact
8. Expected commencement date of the project (mm-dd-yy)
9. Community Partner (if any) / role in the project

F. Detailed Budget

Please note the Budget is required to follow HKAPA's HR and Finance policies and procedures.

1. Estimate project budget (HK\$)

2. Details of other funding source (if any) applied or received

3. Details:

Insert rows as necessary.

	Item	Justifications / Calculations	Cost (HK\$)
1			
2			
3			
4			
5			
Total:			

G. Additional Information

Other information in support of the application. Please attach any additional supporting documents or supplementary information in digital forms (e.g. photos, videos or audio files - please provide links) along with this application form.

H. Declaration

I / We declare that:

- Information provided in this form is true and accurate.
- The project proposal submitted for this scheme is my / our original work.
- Materials used from other sources are properly acknowledged.

Application submitted by:

Signature:

Date:

Name of applicant / project leader

School

Signature: _____

Name of team member

School

Date

Signature: _____

Name of team member

School

Date

Signature: _____

Name of team member

School

Date

Signature: _____

Name of team member

School

Date

Signature: _____

Name of team member

School

Date

Recommended by Supervisor (HKAPA Faculty Member):

Signature: _____

Name

Date: _____

Position

Full- time/Part-time

School

Endorsed by Dean (School) / Principal Head (Academic Unit):

Signature: _____

Name

Date: _____

School/Academic unit

Please send the application to Centre for General Education and Research (email:par@hkapa.edu).