

**Social Work Training Fund**

**Application form for grant for organising study tour to the Mainland**

**Important Points to Note:**

- (1) *Applicants should read the Guide to Applications for Partial Sponsorship in 2011-12 before completing this form.*
- (2) *Please type or print every item clearly.*
- (3) *Please complete all sections of this form and use extra sheets whenever necessary.*
- (4) *Please complete one form for one proposed activity.*
- (5) *Please attach the proposal of the study tour.*
- (6) *Please use other prescribed forms for activities other than the captioned one.*

**A. DETAILS OF PROPOSED TOUR**

(1) Title: (English) \_\_\_\_\_  
(Chinese) \_\_\_\_\_

(2) Aims and objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) Name of Leader of the tour: \_\_\_\_\_ (4) Position / Rank: \_\_\_\_\_

(5) Period: \_\_\_\_\_

(6) City/cities to be visited: \_\_\_\_\_

(7) Receiving unit(s) : \_\_\_\_\_

*(Please attach official correspondence with the receiving units in the Mainland)*

(8) Itineraries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(9) Method(s) of evaluation : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. TARGET PARTICIPANTS<sup>1</sup>**

(1) Number of participants\* : \_\_\_\_\_

(2) Number in each grade/rank: \_\_\_\_\_

(3) Major service setting(s) covered: \_\_\_\_\_

(4) Job duties of social work trainees (in relation to content of the study tour) :

\_\_\_\_\_

*\*Please provide the name list of participants in a separate sheet, stating their particulars such as name, status as social worker, respective unit etc.*

**C. RATIONALE FOR ORGANISING THE TOUR & ITS ITINERARIES**

In what way the study tour benefits the practices of social workers in Hong Kong and the professional network with the Mainland?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. RECORD OF PAST ACTIVITIES**

(1) Any activity of a similar nature held in previous five years?

Yes      How many? \_\_\_\_\_       No

If yes, please complete items (2) to (10) below. Please use extra sheet for more than one activity.

(2) Title of the tour: \_\_\_\_\_

(3) Objectives: \_\_\_\_\_

(4) Itinerary: \_\_\_\_\_

(5) Duration with date(s) indicated : \_\_\_\_\_

(6) Foci of the tour: \_\_\_\_\_

(7) Participants (number & grade(s)/rank(s)): \_\_\_\_\_

(8) Is the said activity funded by the Social Work Training Fund?       Yes       No

(9) Feedback : \_\_\_\_\_

\_\_\_\_\_

(10) Reason for re-arranging the activity: \_\_\_\_\_

\_\_\_\_\_

*Please insert a “✓” in appropriate boxes.*

<sup>1</sup> In accordance with the Social Workers Registration Ordinance (Cap. 505) and the Social Work Training Fund Ordinance (Cap. 1100), any reference to social worker shall be construed to mean a **registered social worker** and the training of social workers may include **social work students**.

**E. BUDGET BREAKDOWN FOR THE PROPOSED TOUR<sup>2</sup>**

<u>ITEM(S)</u>	<u>ESTIMATED AMOUNT</u> (\$)	<u>AMOUNT SOUGHT FROM THE FUND<sup>3</sup></u> (\$)
<u>Expenditure</u>		
Total(1)/Sub-total(2):	(1)	(2)
Central administrative cost(3):		(3)
<i>(not exceeding 10% of the Sub-total at (2))</i>		
Total(4):		(4)
		<i>[(4)=(2)+(3)]</i>

<u>SOURCE(S)</u>	<u>ESTIMATED AMOUNT</u> (\$)	<u>REMARKS</u> <i>(e.g. pending result of application for funds from other sources)</i>
<u>Income<sup>4</sup></u>		

**F. DETAILS OF APPLICANT ORGANISATION**

- (1) Name of organisation : \_\_\_\_\_
- (2) Name and post of responsible officer : \_\_\_\_\_
- (3) Phone no.: \_\_\_\_\_ (4) Fax no. : \_\_\_\_\_
- (5) Email : \_\_\_\_\_
- (6) Name of contact person (if different from (2) above) \_\_\_\_\_
- (7) Phone no.: \_\_\_\_\_ (8) Fax no. : \_\_\_\_\_
- (9) Email : \_\_\_\_\_
- (10) Address : \_\_\_\_\_
- (11) Date of application : \_\_\_\_\_
- (12) Signature of responsible officer : \_\_\_\_\_

<sup>2</sup> Please provide a balanced budget as far as possible and give an itemised breakdown of expenditure and income, including the amount of sponsorship sought from SWTF, the central administrative cost at not more than 10% of the requested sponsorship (if necessary), the amount of income to be borne by staff or agency, and other sources of income.

<sup>3</sup> If approved, the maximum grant will not exceed 50% of the recognised budget plus central administrative cost, if applicable. The amount reimbursed for each item will not exceed 50% of the amount approved by SWTF or 50% of the actual amount incurred by the applicant for items previously approved by SWTF, whichever is the less.

<sup>4</sup> All anticipated/actual incomes received for the activities, including fees from participants and funding from sources other than the applicant organisation, will be deducted in calculation of the grant unless they are to cover the non-supported items or the non-covered amount of the supported items. If fees are to be charged, the amount charged on all participants should be the same.

Remarks

1. The information provided will be used for processing your application for the Social Work Training Fund. The information may be divulged to other departments/bureaux/agencies for the same purpose or where the disclosure is permitted or required by law.
2. The Social Work Training Fund Committee may not be able to process the application if information provided is not sufficient.
3. For correction of or access to personal data contained in this application, please contact the following officer:

Senior Executive Officer  
(Staff Development and Training)  
Social Welfare Department  
Lady Trench Training Centre  
44 Oi Kwan Road  
Wan Chai  
Hong Kong

Tel. No. : 2575 4321 Ext 309

[Revised: May 2011]

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