

| School Care Subsidy Sc | heme Application Form |
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| For office use only | | |
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| Date Received: | | |
| App No.: | | |
| | | |

| 1. Name of School 2. Address of School 3. Name and Post of person-in-charge Tel i) ii) iii) 4. Brief information of performing group (including its aim, nature of performance and membership size.) 5. Music and cultural activities organised or participated by the performing group in the past 3 years. (Please specify the dates, type of performance, target audience and the number of audience of these activities. Relevant information/ documents may be appended.) Proposed Programme Performance should be arranged by school and conducted between November 2023 and March 2024. Category of target service unit | Particulars of Applicant | | | | | | |
|---|---|-------------------------------------|------------------------------|--------------------------------|-----------------------|-----------------------------------|----------|
| 3. Name and Post of person-in-charge Tel | 1. Na | ame of School | | | | | |
| 3. Name and Post of person-in-charge Tel | 2 Δα | tdress of School | | | | | |
| Bit | 2. 710 | duress of School | | | | | |
| ### Brief information of performing group (including its aim, nature of performance and membership size.) ### Proposed Programme ### Proposed Programme ### Proposed Programme ### Performance, target audience and the number of audience of these activities. Relevant information/ documents may be appended.) ### Proposed Programme ### Performance should be arranged by school and conducted between November 2023 and March 2024. ### Category of target service unit Elderly centre / Elderly home Special school Organisation on the Social Welfare Department's list of service units ### Name of target service unit Address of target service unit Address of target service unit Address of target service unit Type of audience Type of au | 3. Na | ame and Post of person-in-cha | | Fax | Email (p | olease provide for future corresp | ondence) |
| Second cultural activities organised or participated by the performing group in the past 3 years. (Please specify the dates, type of performance, target audience and the number of audience of these activities. Relevant information/ documents may be appended.) Proposed Programme | | | ii) | | | | |
| Proposed Programme Details of Programme Performance should be arranged by school and conducted between November 2023 and March 2024. Category of target service unit | 4. Br | ief information of performing gr | roup (including its aim, na | ature of performance | and membership | size.) | |
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| Category of target service unit | | | - | _ | | | |
| Address of the right-listed units General Service General Service General Hospital General Hospital Hospital General Hospital General Hospital Hospital General Hospital Hospital General Hospital Hospital Hospital General Hospital Hospital Hospital Hospital Hospital General Hospital Hospital Hospital Hospital General Hospital Hospita | Perfo | ormance should be arrai | nged by school and | I conducted bety | ween Novemb | er 2023 and March 2024 | • |
| recipients of the right-listed units) | | | | rly home | | | |
| Name of target service unit Address of target service unit | | | ☐ Hospital | | | | |
| Name and phone no. of the contact person of target service unit Estimated no. of audience Type of audience | | | ☐ Organisation on the S | Social Welfare Departr | nent's list of servic | e units | |
| Co-presenter (if any) Month | Name of target service unit | | Address of tar | Address of target service unit | | | |
| Co-presenter (if any) Month | | | | | | | |
| Co-presenter (if any) Month | | | | | | | |
| Month | Name and phone no. of the contact person of target service unit | | nit Estimated no. | of audience | Type of audience | | |
| Month | | | | | | | |
| Month | | | | | | | |
| Programme Content (Please ☑ one or more choices) □ Singing (□ Solo □ Choral □ Others [請註明 Please specify: □ □ Instrumental (□ Solo [Instruments: □ □ Others [Please specify: □ □]) □ Dance □ Musical □ Magic Show □ Others [Please specify: □ □] | Co-pre | esenter (if any) | | | | | |
| □ Singing (□ Solo □ Choral □ Others [請註明 Please specify:]) □ Instrumental (□ Solo [Instrument:] □ Ensemble [Instruments:] □ Others [Please specify:]) □ Dance □ Musical □ Magic Show □ Others [Please specify:] △ Information provided will be used for assessment purposes. Schools are advised to provide as much detail as possible. * Duration of the music-oriented performance should not be less than 30 minutes. | Month | Venue | | Duration (minu | utes)* | Estimated no. of performer | rs^ |
| □ Singing (□ Solo □ Choral □ Others [請註明 Please specify:]) □ Instrumental (□ Solo [Instrument:] □ Ensemble [Instruments:] □ Others [Please specify:]) □ Dance □ Musical □ Magic Show □ Others [Please specify:] △ Information provided will be used for assessment purposes. Schools are advised to provide as much detail as possible. * Duration of the music-oriented performance should not be less than 30 minutes. | | | | | | | |
| □ Singing (□ Solo □ Choral □ Others [請註明 Please specify:]) □ Instrumental (□ Solo [Instrument:] □ Ensemble [Instruments:] □ Others [Please specify:]) □ Dance □ Musical □ Magic Show □ Others [Please specify:] △ Information provided will be used for assessment purposes. Schools are advised to provide as much detail as possible. * Duration of the music-oriented performance should not be less than 30 minutes. | | | | | | | |
| □ Instrumental (□ Solo [Instruments : | _ | , | * | | | | |
| □ Ensemble [Instruments : | | | | | | | |
| □ Others [Please specify :]) □ Dance □ Musical □ Magic Show □ Others [Please specify :] △ Information provided will be used for assessment purposes. Schools are advised to provide as much detail as possible. * Duration of the music-oriented performance should not be less than 30 minutes. | ☐ Inst | | | | | | |
| □ Dance □ Musical □ Magic Show □ Others [Please specify :] △ Information provided will be used for assessment purposes. Schools are advised to provide as much detail as possible. * Duration of the music-oriented performance should not be less than 30 minutes. | | ☐ Ensemble [Instr | ruments: | | | |] |
| □ Others [Please specify :] △ Information provided will be used for assessment purposes. Schools are advised to provide as much detail as possible. * Duration of the music-oriented performance should not be less than 30 minutes. | | ☐ Others [Please | specify: | | | |]) |
| △ Information provided will be used for assessment purposes. Schools are advised to provide as much detail as possible. * Duration of the music-oriented performance should not be less than 30 minutes. | □ Dan | nce Musical Magic S | how | | | | |
| * Duration of the music-oriented performance should not be less than 30 minutes. | □ Oth | ers [Please specify : | | | | |] |
| | * Dura | tion of the music-oriented performa | ance should not be less than | n 30 minutes. | | • | |

| | Programme Budget | |
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| Expenditure Items | Estimated Cost | Estimated Subsidy Amount |
| Transportation (Maximum subsidy: \$2,000) ☐ Lorry ☐ Goods van ☐ Coach ☐ Passenger van ☐ Taxi | E.g.: Hourly rate of vehicle x no. of vehicle required x hours | |
| Allowance for professionals (Maximum subsidy: \$1,000) ☐ Instructor ☐ Accompanist ☐ Production staff | E.g.: Hourly rate of personnel x no. of personnel required x hours | |
| Miscellaneous (Maximum subsidy: \$500) ☐ Gift ☐ Publicity & Printing ☐ Props ☐ Others (please specify) | | |
| [Not applicable to purchase of musical instruments, music stands, video production/photography equipment nor the plastic shopping bag charging] | | |
| | | (Maximum total subsidy: \$2,000) |
| | Total | |
| Applications with relevant supporting documents should cnc@lcsd.gov.hk Handling of Person The personal data provided by means of this form will be Scheme". The provision of personal data by means of the toprocess the application. You have a right of access at with sections 18 and 22 and Principle 6 of Schedule 1 of please write to Activities & Promotion Section, Music Off Ma Tei, Kowloon. | nal Data Collected under this Apple used by the Music Office to process the ais form is voluntary. If you do not provide sund correction with respect to the personal dithe Personal Data (Privacy) Ordinance. For | lication application of the "School Care Subsidy ufficient information, we shall not be able ata as stated in this form in accordance access and correction of personal data, |
| I hereby certify that all the information given in this | Declaration application is true and accurate. | |
| Signature of School Principal: | | |
| Name of School Principal: | | |
| Date: | School Chop: | |