

Creative Fruity Venture – Fruit Promotion Project

Part A : Proposal

Ref. No. of document (to be filled by the Department of Health) :	() CHEU/HES/3 -
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Please fill in the form in capital letter and fax / email to Joyful Fruit Day Secretariat of the Department of Health at least 4 weeks before the activity begins
(Fax number : 2591 6127 ; Email : joyfulfruitday@gmail.com)

Name of activity			
Objectives			
Format (may select more than 1 item)	Competition <input type="checkbox"/> Student's Assignment <input type="checkbox"/> Carnival/Part of the carnival <input type="checkbox"/> Fruit business <input type="checkbox"/> Campus party <input type="checkbox"/> Others <input type="checkbox"/> (Please specify : _____) Combined by ____ types of elements		
Date / Duration	From _____ (DD/MM/YY) to _____ (DD/MM/YY) Duration will last for: > 7 weeks <input type="checkbox"/> 4-7 weeks <input type="checkbox"/> 1-4 weeks <input type="checkbox"/> 2-7 days <input type="checkbox"/> 1 day <input type="checkbox"/>		
Venue			
Number of organizing committee members	Students: _____ Teachers: _____		
Expected no. of participating students	(F.1 – F.3) _____ (Around _____ % of all F.1- F.3 students) (F.4 – F.7) _____ (Around _____ % of all F.4- F.7 students)		
Expected no. of participating teachers	_____ no. of teachers (Around _____ % of all teachers)		
Publicity Method			
Baseline Fruit Consumption Survey	Date:	Expected no. of participating students:	
Post Event Fruit Consumption Survey@	Date:	Expected no. of participating students:	

Brief notes on activity / activities to be organized

* If more space is needed, please use additional paper

This proposal has been endorsed by the School Principal

Signature of School Principal:

Name of School Principal:

@ The post event fruit consumption survey is suggested to be conducted within one week after the completion of all related activities.

Remarks: Please reserve a copy of this section for submission together with the evaluation and financial report after the completion of all related activities. If there is any change from the original plan due to various reasons during the project, please revise the copy before submission.

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Part B : Financial Budget

Remarks: The school is required to organize at least one related activity on any designated date(s) within the period from January to March of 2011. Each school can apply a maximum grant of HKD\$2,000.

1. Budget of Sponsor Amount

Item	Quantity	Unit Price	Amount
		HK\$	HK\$
		HK\$	HK\$
		HK\$	HK\$
		HK\$	HK\$
		HK\$	HK\$
		HK\$	HK\$
Total amount applied			HK\$

2. We **have / have not* obtained sponsorship from other organizations
(if yes, please indicate the name of organization and sponsorship amount
_____)
3. We **welcome / do not prefer* the event organizer to build a hyperlink between the Joyful Fruit Day website to our school website for the public to view the event photos / other relevant information.
4. We **welcome / do not prefer* the event organizer to visit for the event(s).
5. We **welcome / do not prefer* the media to visit for the event(s).

* Please delete the inappropriate.

Personal Information Collection Statement

Aim of collection

The personal information filled in this application form will be used for the assessment of grant approval by the Hong Kong College of Cardiology ('The College') and its secretariat. Also, for the successful application, the personal information in this proposal will be used for monitoring, promotion and recommendation of the project.

It is voluntary basis to fill in personal information for this application form. **The assessment of application may be affected if the school cannot provide certain information.**

Disclosure of information

The College will disclose the personal information in this application to the Department of Health, professional supervisors and other related people for assessment.

Consultation of personal information

According to the requirement of No.18, No.22 and No.6 in Schedule 1 of the Personal Data (Privacy) Ordinance, the person who fills in this application form has the right to consult and revise the personal data, which includes asking for the copy of the part of personal data in the application.

Enquiry

Please contact the secretariat if you had any enquiry on personal data collection in this application, including consultation and revision of the data:

Hong Kong College of Cardiology

Address : Secretariat of the School Healthy Eating Promotion Fund,
Hong Kong College of Cardiology
Room 1116-7, Bank of America Tower
12 Harcourt Road, Central, Hong Kong

Or email to : hkcchk@netvigator.com