**CLAP@JC:**

**CLD Practicum & Exposure Campaign-**

**Group Application**

Private & Confidential

Name of the NGO applicant (Group):

Name of NGO:

Reference number:

Time of submission:

|  |  |
| --- | --- |
| **CLAP@JC**  **2021-2022**  **CLD Practicum & Exposure Campaign (Group)** | |
| **Group leader information** |  |

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| --- | --- |
| Title |  |
| English Full Name  (Last name, First name) |  |
| Chinese Full Name  (if applicable) |  |
| Email Address |  |
| Mobile Phone Number |  |
| **Group Member(s) Details**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Title | English Full Name  (Last name, First name) | Chinese Full Name  (if applicable) | Email Address | Mobile Phone Number | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | |  |

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| |  |  |  |  | | --- | --- | --- | --- | | **Member’s name** | **Role** | **Period** | **Achievement** | |  |  |  |  | |  |  |  |  | |  |  |  |  |   Major job experience / contribution / achievement in work related to CLDfor group member(s) |

**Initial Sharing:**

1. In your own view, what is the meaning of CLD for Youth?
2. What would be the special onset related to CLD in your organization? Please briefly describe the anticipated obstacles and suggested improvement when implementing CLD activities in your organization.
3. How would this CLD Practicum & Exposure Campaign experience facilitate in terms of you and your members’ personal growth?
4. How would this CLD Practicum & Exposure Campaign experience facilitate in terms of providing more suitable CLD guidance to Youth?
5. How would this CLD Practicum & Exposure Campaign experience facilitate in terms of CLD services/career guidance and youth development services/ employment services in your organization?

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| **Proposal**  Please enclosed a CLD Practicum & Exposure Campaign proposal including the following:-   * Brief description on the proposal * Practicum / exposure campaign details including the track record of the proposed lecturer/ supervision & practicum activity/ training course, format of the practicum and job duty * Objectives and expected deliverable & outcomes * Timeline / roadmap * Expected length / time needed for the practicum / exposure * Budget for the practicum / exposure |  |  |

**Declaration**

We have read the Application Guidelines and fully understand that upon signing this declaration form, we would be bound by all Terms and Conditions of the Practicum & Exposure Camapign, and that we would be obliged to complete the individual plan according to stated requirements.

We have obtained management approval in my organization regarding all the details for my proposal.

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| Signature of Group Leader: |  |
| Name of Group Leader: |  |
| Signature of Agency Representative: |  |
| Name of Agency Representative: |  |
| Date: |  |