**CLAP@JC:**

**CLD Practicum & Exposure Campaign-**

**Individual Application**

Private & Confidential

Name of NGO:

Name of NGO applicant:

Reference number:

Time of submission:

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| **CLAP@JC****2021-2022** **CLD Practicum & Exposure Campaign (Individual)****Applicant Information** |

|  |  |
| --- | --- |
| Title |  |
| English Full Name (Last name, First name) |  |
| Chinese Full Name |  |
| Email Address |  |
| Mobile Phone Number |  |
| **Education** 1. Universities/Authorized institutions
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| --- | --- | --- | --- |
| School Name | Level | Award Year | Major / Minor |
|  |  |  |  |
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1. Relevant training

|  |  |  |  |
| --- | --- | --- | --- |
| School Name | Level | Award Year | Major / Minor |
|  |  |  |  |
|  |  |  |  |

1. Working Experience

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| --- | --- | --- |
| Company Name | Period | Job Experience / Job Duty |
|  |  |  |
|  |  |  |
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 4.Major job experience / contribution / achievement in work related to CLD

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| --- | --- | --- |
| Role | Period | Achievement |
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|  |  |  |

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| 1. Briefly describe yourself in terms of VASK \*
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\*Remark：VASK: - **V**alues, **A**ttitudes, **S**kills, **K**nowledge (No more than 250 words)

**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 your personal growth?
4. How would this CLD Practicum & Exposure Campaign experience facilitate in terms of providing more suitable CLD career guidance to Youth?
5. How would this CLD Practicum & Exposure Campaign experience facilitate in terms of CLD services/career guidance and youth development services or/and 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 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
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**Declaration**

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

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

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| --- | --- |
| Signature of Applicant:  |  |
| Name of Applicant:  |  |
| Signature of Agency Representative: |  |
| Name of Agency Representative: |  |
| Date: |  |