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| Swinburne University of Technology Sarawak Event Proposal |
| **Important Information:** 1. You may only request for fund when you really need to! Don’t request for excessive fund for a project. If you really need a large amount of funding for a particular project; consider doing it as a joint project with SSSC and other clubs.2. You **MUST** submit all the official receipts and Income & Expenditure statement two weeks after completion of your activity; otherwise risk the chance of your next proposal being rejected. The template is attached in this document. 3. Any venue bookings will have to be done by your **advisor(s)** on your behalf, not Student Experience and Activities. 4. Try to send us your proposals **30 days** **before** commencement of activities; this gives us enough processing time to request your money from the management and finance department.*4(a). Please note that any events that involved external parties’ needs to be approved by the Executive Group (EG) of Swinburne Sarawak. So please submit your event proposal* ***at least 60 days*** *before commencement of event.*  |



 *(Please underline the applicable*)

 **For approval**

**For information**

**Shaping Swinburne’s Future Today**

The Entrepreneurial University
The Research Intensive University
Internationalisation
Flexible Learning and Teaching
The Intersectoral Advantage

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| --- | --- |
| **To:****CC:** | THE REGISTRAR PRESIDENT, SSSC  |
| **From:** | <Please insert your Club’s name> |
|
| **Date:** | <Please insert tentative dates> |
|
| **Re:** | <Event Proposal> |
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|

**Event Objectives**

<Please state your club’s objective(s) for the event>

**Event Description**

<<Compulsory – Please describe your event as detailed as possible>>

Date : <date>

Time : <time>

Venue : <venue>

Estimated attendance: <insert estimated pax>

**Event working committee**

Advisor(s) :

Organising Chairperson :

OC Contact details : <insert OC’s phone number>

Secretary :

Treasurer :

Committee Members :

**Event Programme**

**<**Please fill in with as much details as possible>

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| --- | --- | --- |
| **Date/Time** | **Schedule** | **Venue** |
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Projected numbers of participants : <Please give an estimated number>

**Facilities / ITS Request**

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| --- | --- | --- |
| **No.** | **Description** <e.g. Microphones, Signage stands, Extension wires…etc.> | **Numbers required** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

Please note that your Advisor(s) would handle any venue booking on your behalf not Student Experience and Activities.

**Estimated expenditure**

< Please list out as detailed as possible>

|  |  |  |
| --- | --- | --- |
| **No.** | **Description** <e.g. Refreshments, Transportation, Materials…etc.> | **Cost** |
| 1. |  | RM  |
| 2. |  |  |
| 3. |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** | RM  |

**Expected income**

<Please provide details of your expected income>

|  |  |  |
| --- | --- | --- |
| **No.** |  |  |
| 1. | e.g. Ticket price and estimate numbers to be sold  | RM  |
| 2. | e.g. Any income from Sponsorship(s) |  |
| 3. | e.g. Any Internal / External Financial Support |  |
| **TOTAL** | RM  |
|  |  |

**Funds requested from SSSC**

<Specify the exact amount you are requesting>

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| --- | --- | --- |
| **No.** | **Description <**Specify the areas where the money will be used e.g. Posters, Food, Prizes...Etc.**>** | **Amount** |
|  |  |  |
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|  |  |  |
|  |  |  |
| **TOTAL**  |  |

We are requesting <X Amount>from the SSSC.

**For official use only:** <To be filled by SSSC>

Amount approved by SSSC : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by:

 …………………………

farhan islam

President,

Swinburne Sarawak Student Council

Date: ………………….

**Consultation**

Examined by,

………………………… ……………………….

(Insert Name) (Insert Name)

President, Advisor,

<Insert your club name> <Insert your club name>

Date: …………………. Date: ………………..

Approved by,

………………………

farhan islam

President,

Swinburne Sarawak Student Council

Date: ………………….

**Signatories**

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| **Facilities & Services**  |
| **Decision** : Advisement / Recommendation **Comments** :…..………………………(DAYANG RAFIKA ATIQAH ABANG OTHMAN)Health and Safety Officer,Facilities and Services.Date: …………………… |
| **Facilities & Services** |
| **Decision** : Approved / Not Approved**Comments** :…..………………………(DENNIS CHIN)Manager,Facilities & Services.Date: …………………… |
| **Student Experience and Activities** |
| **Decision** : Approved / Not Approved**Comments** :…..………………………(LEANDRA SAGAH / AHMAD JUMRY)Student Operations Officer/ Sports and Recreation Officer,Student Experience and Activities.Date: …………………… |
| **Student Experience and Activities** |
| **Decision** : Approved / Not Approved**Comments** :…..………………………(MOHAMED HISYAM JAMAL)Assistant Manager,Student Experience and Activities.Date: …………………… |
| **Student Operations**  |
| **Decision** : Approved / Not Approved**Comments** :…..………………………(HUSSAIN BIN TAIBAN)The Registrar and Director of Student Operations,Swinburne University of TechnologySarawak Campus.Date: …………………… |

For EG Approval

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| **Executive Group** |
| **Decision** : Approved / Not Approved**Comments** :…..………………………EXECUTIVE GROUP Date: …………………… |