

*This form serves to let us know you and your event better so we know how we can help you. Ensure that you have reviewed the Event Proposal Guidelines prior to filling up this form. This form should be submitted at least **4 weeks before the date of the proposed event** to [events@studentgov.sutd.edu.sg](mailto:events@studentgov.sutd.edu.sg) and **cc your cluster reps** (if any). Feel free to e-mail us if you have any queries!*

\* denotes compulsory fields

#### **A. PROJECT DIRECTOR PARTICULARS\***

*The project director will be the main point of contact for SG Events and Office of Student Life.*

Name		Organisation	
Student ID		Contact No.	
Email			

#### **B. EVENT DETAILS\***

Event Name	
Event Objective	
Event Overview [Two line description of the event for Calendar]	
Target Audience	
Expected Turnout	

### C. PROGRAMME SCHEDULE\*

*Please include all the necessary details about each activity and other necessary details such as wet weather plan. The project director will be in-charge of ensuring the plan is followed.*

#### PRE EVENT:

*Include details regarding your pre-event set up.*

Date	Time	Activity & Description	Venue

#### EVENT:

*Include details regarding your event and description of each activity.*

Date	Time	Activity & Description	Venue

#### POST EVENT:

*Include details regarding your post event clean up, management of resources and waste and excess food.*

Date	Time	Activity & Description	Venue

#### CLEAN UP PLAN

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## D. PROJECT FINANCES\*

### D.1 BUDGET

Please indicate what is the source of funding for your event.

Source	Amount (\$\$)
<b>A. Existing Funds</b>	
Club Income Fund	
OSL Seed Fund	
Donation	
<b>B. Estimated Funds Raised from This Event</b>	
Revenue from Sales of Goods & Service ^Please complete table D.1.1	
Donation or Sponsorship	
<b>Total Source of Funds</b>	

^ Table D.1.1 : Revenue Breakdown

Item / Good / Services	Price (\$\$)	Quantity	Amount (\$\$)
<b>Total Revenue</b>			

### D.2. EXPENDITURE

Please list the items you wish to purchase once your event has been approved.

Item	Reason for purchase	Amount (\$\$)
<b>Total Expenditure</b>		

**E. PERSONAL DATA PROTECTION ACT AGREEMENT\***

- ☐ If you are collecting personal data, please complete the google form <https://tinyurl.com/SUTD-EPF-PDPA>

Personal data refers to data, whether true or not, about an individual who can be identified from that data; or from that data and other information to which SUTD has or is likely to have access.

1. Unique identifiers: NRIC Numbers, passport numbers, student IDs
2. Any set of data (e.g. name, age, address, telephone number, occupation, etc), which when taken together would be able to identify the individual.
3. Image of an identifiable individual (whether in photographs or videos)

- ☐ The project director agrees to abide by the personal data protection act stated below.

The project director has to read all the clauses below and sign as a form of agreement to adhere to all the clauses.

1. All the personal data collated for the event are for the purpose of facilitating, communicating, and registering for the participation in the event. The information shall not be released to any other 3<sup>rd</sup> party or person (i.e sponsors/donors) other than the organizing committee and relevant persons facilitating the event. The information collated cannot be used for any other purpose other than for the event itself and will be disposed appropriately upon the completion of event.
2. Data platforms used for the collection of the data would be kept secure, private and accessible to only authorized persons.
3. The personal information collected will be deleted one month after the event.
4. The clause stated above will be communicated to the participants when collecting data.
5. The event team would not collect any excessive personal data from the participants other than ones necessary for the event.
6. Under no circumstances, the collected personal data is to be transferred overseas to any external parties abroad unless clearance is first sought from Staff Advisor.

**F. COMMITTEE MEMBERS\***

Name	Student ID	Position

**G. RISK ASSESSMENT\***

Please complete **Annex A Integrated Form for Risk Assessment on Work Activities** and submit together with this Event Proposal Form