

**MENTAL AND PHYSICAL HEALTH AWARENESS AWARD**

**2023 / 2024**

**APPLICATION FORM**

**Please fill out the form according to the guidelines below:**

Attach your photo here

1. Handwritten forms need to be filled out neatly and clearly readable. Printed format is preferred.
2. Please attach all relevant documents/evidence of your achievements (i.e. certificates, reports)
3. Each candidate is only eligible to win one award.
4. The decision of the judging panelists are final and no correspondence will be entertained.

**APPLICANT’S PARTICULARS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | : |  |  | **Student ID** | : |  |
| **IC/Passport No** | : |  |  | **Faculty** | : |  |
| **Contact Number** | : |  |  | **Course** | : |  |
| **Email Address** | : |  |  | **Year / Sem** | : |  |

**SECTION A: IMPACT**

Please identify your **MOST impactful project / initiative** **directly relevant to your category** of submission completed during the assessment year (1 April – 31 March). You are required to attach relevant activity and financial reports for the projects / initiatives submitted.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project / Initiative Name / Title** | : |  | | | | |
| *Full name of the Student Body / Organisation represented* | | | | | | |
| **Position / Role** | : |  |  | **Level / Scope** | : |  |
| *Full title of position held* | | |  | *University / National / International* | | |
| **UTAR CARE Hours :** *Please attach your latest UTAR CARE report* | | |  |  | | |
| **Achievements / Impact (Itemized)** | : |  | | | | |
| *You may be required to provide sufficient evidence for achievements declared .*  *Please consult DSA if you may need further clarification.* | | | | | | |

**DECLARATION**

I hereby declare that all information submitted with this application is accurate and true, failing which I may be subject to disqualification if any of my declarations made are found to be fabricated, amended or invalid in any way. I shall respect the decision of the panel with regards to the outcome of the results.

Witnessed / Received By,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : DSA Staff PIC : Stamp

Date : Date :