

## VIA Form (Self-Initiated Project)

### Values-In-Action Project (LOCAL BENEFICIARIES)

**Application Form – to be submitted at least once month before start of project**

#### **(A) STUDENT(S) DETAILS**

i) Name (s) & Class(es) :

ii) Name of group leader (if applicable):

iii) Email Address of group leader :

iv) Contact Number of group leader :

v) Name & signature of Teacher-in-Charge (if applicable) :

vi) Date of submission of proposal :

#### **(B) DETAILS OF VIA PROJECT**

To: Principal

I would like to seek permission to carry out the VIA project for :

(a) Name of local beneficiary : \_\_\_\_\_

(b) Objective (s) for VIA project :

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(c) Process for carrying out VIA project :

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(d) Personal reason (s) for choosing this VIA project :

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(e) Duration of VIA project (include start and end dates) :

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(f) Follow up action, if applicable :

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(g) Amount expected to be raised, if applicable  
(Include details on how amount is arrived at) :

Estimated amount donated per student :

Number of students per class :

Number of classes involved :

Estimated amount raised :

(h) Describe briefly how proceeds will be used to benefit beneficiary, if applicable (e.g. purchase of materials for beneficiary etc):

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### Student's Declaration (please tick)

☐ the VIA project is not once off and spans across 1 to 3 hrs per week to the cause over 1 to 3 months

☐ the activity types is as follows (you may tick more than one):

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|--|--|--|
| <input type="checkbox"/> administrative / clerical         | <input type="checkbox"/> befriending / interacting | <input type="checkbox"/> buddy system / mentoring  |
| <input type="checkbox"/> collecting                        | <input type="checkbox"/> fund-raising              | <input type="checkbox"/> gardening                 |
| <input type="checkbox"/> general cleaning / litter picking |  | <input type="checkbox"/> guiding                   |
| <input type="checkbox"/> IT-related                        | <input type="checkbox"/> maintenance               | <input type="checkbox"/> organising / facilitating |
| <input type="checkbox"/> other service to school           | <input type="checkbox"/> performing                | <input type="checkbox"/> tutoring / reading prog   |

I understand that \* my / our project will only be considered for approval if it fulfils both criteria above.

I am carrying out this project under the name of the \* school / organisation (name of organisation, if applicable) \_\_\_\_\_

\_\_\_\_\_  
#Student's Signature / Name

\_\_\_\_\_  
Date

# signature should be that of group leader if this is a group project

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### (C) PARENT'S / GUARDIAN'S ACKNOWLEDGEMENT

- (a) I am \*supportive / not supportive of my daughter's / ward's participation in this project.
- (b) I \*allow / do not allow my daughter / ward to share her experiences with the school.
- (c) I am aware that SMSS reserves the right to approve of and if necessary propose changes to the VIA project which my daughter / ward will participate.
- (d) The project can only be carried out when the changes have been made in accordance with the school advice.

\_\_\_\_\_  
Name & Signature of Parent / Guardian  
Name of daughter / ward :

\_\_\_\_\_  
Date

[please complete the following if the project is undertaken by a group]

\_\_\_\_\_  
Name & Signature of Parent / Guardian  
Name of daughter / ward :

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Signature of Parent / Guardian  
Name of daughter / ward :

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Signature of Parent / Guardian  
Name of daughter / ward :

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Signature of Parent / Guardian  
Name of daughter / ward :

\_\_\_\_\_  
Date

## VIA Form (Self-Initiated Project)

### (D) FOR OFFICIAL USE ONLY

#### (a) Review by Form Teacher

- Does this project meets the objectives of the school VIA programme and is aligned to the school ethos? Yes / No
- Indicate whether nature of project is in conflict with any school rules or any national policies. Yes / No

\_\_\_\_\_  
Name and Signature of Form Teacher

\_\_\_\_\_  
Date

#### (b) Review by HOD – Student Development

Remarks (if any) : \_\_\_\_\_

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

\_\_\_\_\_  
Name & Signature of HOD-SD

\_\_\_\_\_  
Date

#### (c) Endorsement by Principal

I \*approve / do not approve of the VIA project.

Remarks (if any) : \_\_\_\_\_

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

\_\_\_\_\_  
Name & Signature of Principal

\_\_\_\_\_  
Date

#### (d) Updating Parent(s) / Guardian(s) of school decision (please tick)

☐ The VIA project is approved by the school with no change required. Parent(s) / Guardian (s) and student (s) have been informed of the decision by the school on \_\_\_\_\_ (date) by \_\_\_\_\_ (name of staff).

☐ Change(s) has be proposed for the VIA project. The student(s) has been informed of the proposed changes on \_\_\_\_\_ (date) by \_\_\_\_\_ (name of staff).

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If change(s) has been proposed, please update the progress of the proposal.

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Date of submission of edited proposal: \_\_\_\_\_

### (E) PARENT'S / GUARDIAN'S & STUDENT(S)'S RESPONSE TO FOLLOW UP

I \*agree / do not agree with the recommended follow up action(s) for my daughter / ward with regard the VIA project proposed.

\_\_\_\_\_  
Name & Signature of Parent / Guardian

\_\_\_\_\_  
Date

I \*agree / do not agree with the recommended follow up action(s) to the VIA project proposed.

\_\_\_\_\_  
Name & Signature of Student

\_\_\_\_\_  
Date

\* delete accordingly

### Report on Completion of Project:

Total Amount Collected: \$\_\_\_\_\_

Money collected has been submitted to:

- ☐ School  
☐ Outside Organisation

\_\_\_\_\_  
Signature of Teacher-in-Charge & Date

Verified by AM: \_\_\_\_\_ (signature & date)