



G.T. (Ellen Yeung) College

Secondary Section

優才(楊殷有孀)書院
G.T.(Ellen Yeung)College
 10, Ling Kwong Street
 Tiu Keng Leng
 Tseung Kwan O
 Tel : (852) 2535-6867
 Fax: (852) 2623-6550

Teaching Staff Application Form

Please read the "Notes for Applicants" before filling in this application form.

Post Applied: _____

Subject Area: _____

For Office Use	S	F	1I	2I
Reference Number: _____				

I. PERSONAL PARTICULARS

Surname *Dr/Mr/Mrs/Miss/Ms		Other Name		Name in Chinese		Recent Photo
Date of Birth (Day/Month/Year)		Age	Sex	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married with _____ kids		
Nationality		*Hong Kong Identity Card/Passport Number				
Telephone Number	Work	Home	Mobile	Fax		
Correspondence Address					E-mail Address	
Permitted Teacher Reference Number		Teacher Registration Number			Religion	

II. WORKING EXPERIENCE (IN CHRONOLOGICAL ORDER)

For Office Use 1	
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Dates (M/Y)		Name of Organization/Employer	*Position Held	Nature of Work/Duties
From	To			

Note. *Please indicate if it is a part-time position

**III. EDUCATION AND ACADEMIC QUALIFICATIONS
(IN CHRONOLOGICAL ORDER)**

For Office Use 2	
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Dates (M/Y) (Please state if Part-time)		Full Name & Location of Secondary & Tertiary Education Providers	Field of Study	Abbreviation (e.g., B.A., Ph.D.)	Qualifications Obtained (Pls. indicate the abbreviation before description)	Date of Award (M/Y)	For Office Use
From	To						Copy Verified

IV. PUBLIC EXAMINATION RESULTS

For Office Use 3	
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*Subjects	Hong Kong Examination Authority		Overseas Examination Board (Please specify)	
	Please specify: <input type="checkbox"/> HKCEE <input type="checkbox"/> HKDSE	Please specify: <input type="checkbox"/> HKDSE <input type="checkbox"/> HKALE		
Chinese Language				
English Language				
Mathematics				

Note. *Please fill in all subject names in the column, and write the subjects taken in secondary school and specify the grading, (e.g., A, B, C ...) obtained in the public examination. If you have not attended any of the above examination(s), please leave the box(es) blank.

V. PROFESSIONAL QUALIFACATIONS (IN CHRONOLOGICAL ORDER)

Professional Qualification	Full Name of Issuing Authority	Level Attained/to be Attained	Date Obtained/ to be Obtained (D/M/Y)

VI. MAJOR CURRICULUM DEVELOPMENT/PROJECTS/RESEARCH WORK/PUBLICATONS

VII. DETAILS OF PRESENT/LAST EMPLOYMENT

*Present/Last Basic Monthly Salary:	Expected Salary: _____ per month
Other Allowances/Bonus and Benefits: <input type="checkbox"/> Medical <input type="checkbox"/> Housing <input type="checkbox"/> Gratuity	
<input type="checkbox"/> Superannuation/Provident Fund <input type="checkbox"/> Bonus: _____ % of salary <input type="checkbox"/> Others _____	
Notice Period Required for Resignation:	Date Available:

Note. *Please delete as inappropriate.

VIII. RECORD OF VOLUNTARY SERVICES (IN CHRONOLOGICAL ORDER)(OPTIONAL)

For Office Use 4	
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Name of Organization/Agency	Position Held	Date (Month/Year)	
		From	To

IX. REFEREES

a. Please enter below the names, addresses, and professional status of two persons who have agreed to act as your referees with regard to your work. The School may seek confidential reference on you once you are shortlisted for further consideration.

Name _____ Position Held _____
 Organization _____
 Address _____

Name _____ Position Held _____
 Organization _____
 Address _____

b. #In the event of an offer of appointment, the School will approach your employer to confirm details of your present/last employment. Please provide the particulars of the contact person of your *present/last employer below:

Name _____ Position Held _____
 Organization _____ Telephone _____
 E-mail _____ Fax Number _____
 Address _____

Note. #You will be duly advised before your present/ last employer is approached.
 * Please delete as inappropriate.

X. DECLARATION

I declare that the information and documents provided in support of this application are, to the best of my knowledge, accurate and complete, and I understand that my application will be disqualified if any information or document provided is found to be false. I hereby give my consent to G.T. (Ellen Yeung) College to contact my personal referees as provided in Section IX to comment on my suitability for the post applied for.

Signature _____ Date _____

Please answer the following questions: (Add paper whenever necessary)

1. What are your ideas and vision in education? How do they match with the vision of G.T. College?
You may visit our website (www.gtcollege.edu.hk) for reference.

2. What are your strength(s) and weakness(es)? How can your strength(s) help in your teaching career?
How would you contain your weakness(es)?

3. What is your subject specialization? How do/did you teach it and what do/did you achieve?

G.T. (Ellen Yeung) College
Teaching Staff Application Form (Secondary Section)

Notes for Applicants

The following notes give guidance on how to complete the application form.

- (a) Please complete this application form **in black ball pen**.
- (b) Please ensure that all parts in the form are completed and the information is accurate. If there is insufficient space, please give details on a separate sheet to be attached to the application form.
- (c) The personal data collected in this form will be used by the School to assess your suitability for assuming the position you are applying for and to determine the remuneration and benefits package.
- (d) Applicants are requested to attach photocopies of certificates, transcripts, and other relevant documents to support information on this form. These copies are not returnable and will be verified in due course.
- (e) All information provided will be treated as confidential and will only be used for recruitment purpose.
- (f) Please return the completed form to:
 - The Principal
 - Secondary Section
 - G.T. (Ellen Yeung) College
 - 10 Ling Kwong Street
 - Tiu Keng Leng
 - Tseung Kwan O
 - Hong Kong

For enquiry, send e-mail to The Principal (secondary@gtcollege.edu.hk) or call 2535 6867 and leave your message.