



G.T. (Ellen Yeung) College

Secondary Section

優才(楊殷有娣)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	Home	Mobile		Work	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 QUALIFICATIONS (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

Empty space for content

VII. 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

VIII. 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.

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 _____ Telephone Number _____

Address _____

Name _____ Position Held _____

Organization _____ Telephone Number _____

Address _____

X. DECLARATION

- | | |
|---|---|
| a. Have you ever previously been convicted of a criminal offence in Hong Kong or elsewhere, or involved in any ongoing criminal proceedings or investigations to the best of your knowledge, including but not limited to arrest or apprehension by the police? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| b. Have you ever previously been refused to register as a teacher or have your teacher registration been cancelled, or being investigated by schools or the EDB over professional misconduct allegations to the best of your knowledge? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |

Do you give consent to / agree to :

- | | |
|---|--|
| c. The School to consult your previous employers about your performance, including whether, to the best of your previous employers' knowledge, you are being investigated over professional misconduct allegations? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Not Applicable |
| d. The School to apply to EDB for the release of teacher registration information to the School? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| e. Voluntarily submit application to the Sexual Conviction Record Check (SCRC) Office of the Hong Kong Police Force to undergo the SCRC, and authorize the School to access the check result through the Auto-Telephone Answering System? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |

- f. 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 _____

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.

Application Form for Enquiring Teacher Registration Information

(To be completed by the school and the proposed teacher)

I, *Mr/Ms _____ (Name in Chinese: _____) HKID Card No. : _____
 _____ () Teacher Registration / Teaching Permit No. : _____ (if applicable)
 apply for and authorize the Education Bureau to release the information related to my teacher registration to the school Supervisor/Principal of the following school, including whether the Education Bureau has ever refused my teacher registration application/permission to teach, cancelled my teacher registration/permit to teach or whether any reprimand/warning/advisory letter has been issued related to my teacher registration.

Name of School and School Chop : _____

School Chop

School Number : _____

Signature of *Supervisor/Principal : _____

Signature of Applicant : _____

Name of *Supervisor/Principal : _____

Name of Applicant : _____

Date : _____

Applicant's Contact No. : _____

Date : _____

(To be completed by EDB officer)

Dear Supervisor/Principal

Date:

According to our record, the teacher registration information of the above applicant is as follows:

- (1)(i) No teacher registration record has been found in EDB.
- (1)(ii) The above applicant is a registered teacher.
- (1)(iii) The above applicant is/was a permitted teacher.
 (A permit to teach shall be deemed to be cancelled if the permitted teacher ceases to be employed in the school specified in the permit.)
- (2)(i) The above applicant has never been refused to be registered as a teacher/refused permission to teach or had the teacher registration/permit to teach cancelled.
- (2)(ii) The above applicant has previously been refused to be registered as a teacher/refused permission to teach on _____.
- (2)(iii) The teacher registration/permit to teach of the above applicant has been cancelled on _____.
- (3)(i) No reprimand/warning/advisory letter has been issued to the above applicant regarding his teacher registration.
- (3)(ii) A *reprimand/warning/advisory letter was issued on _____ regarding the teacher registration of the above applicant ^{Note (3)}.
- (4) This Bureau is reviewing the registration status of the above applicant.
 (It should be noted that by reviewing the registration status of a teacher, EDB may issue a reprimand / warning /advisory letter or cancel his/her teacher registration/permit to teach.)

Schools are reminded to observe the provisions of the Personal Data (Privacy) Ordinance when handling the applicants' personal data. The above information should be used for processing the job applications and assessing the suitability of candidates for the job only. Should you have any enquiries, please contact the Teacher Registration Team of EDB at 3467 8282.

()
 for Permanent Secretary for Education

Name of Supervisor / Principal : _____

Name of School : _____

School Address : _____

(*Delete as appropriate)

(Fax No.: _____)

Notes for Completing the Application Form for Enquiring Teacher Registration Information

- (1) EDB will only accept applications for releasing the teacher registration information to schools. Applications for releasing the teacher registration information to individuals or other organizations will not be processed.
- (2) The school should seek the proposed teachers' consent to apply to EDB for the release of teacher registration information to the school. Application forms can be downloaded at EDB website: www.edb.gov.hk.
- (3) Schools are reminded that the relevant information pertaining to any advisory / warning / reprimand letter issued to the proposed teacher, which is premised on his/her convictions for which he / she is not obliged to disclose under section 2(1) of the Rehabilitation of Offenders Ordinance (Cap. 297), will not be disclosed.
- (4) Applicants can file in duly completed application forms in person, by mail or by fax. The address is as follows:
Teacher Registration Team Education Bureau
2/F, Trade and Industry Tower
3 Concorde Road Kowloon
(Office Hour : Mon to Fri :8:30 am -1:00 pm, 2:00 pm to 6:00 pm
Saturdays, Sundays & Public holidays : Close)
For further enquiries, please contact Teacher Registration Team
Tel.: 3467 8282 Fax : 2520 0065

Personal Information Collection Statement

Purpose of Collection

1. The personal data provided by you in this form will be used by the EDB for one or more of the following purposes:
 - (a) Activities relating to the processing, authentication and counter-checking of the application for enquiring teacher registration information;
 - (b) Activities relating to matching of the personal data with the database of other relevant Government bureaux / departments in connection with the processing, authentication and counter-checking of the application mentioned in (a) above;
 - (c) Activities relating to matching of the personal data within the database of EDB for purposes of verifying / updating records of the EDB;
 - (d) Activities relating to training and development including invitation of participation in programmes/activities, applications for reimbursement of course fees, assessment of nominations, awards and scholarship, and monitoring of attainment progress;
 - (e) Activities relating to the processing and vetting of applications for, and disbursement of, funding / grants / subsidies, and conducting of audits;
 - (f) Activities relating to compilation of statistics, research and Government publications; and
 - (g) Activities relating to the administration and enforcement of rules and regulations including the Education Ordinance (Cap. 279), its subsidiary legislation (such as the Education Regulations and the Grant/Subsidized Schools Provident Fund Rules) and the Codes of Aid.
2. The provision of personal data required by this form and during the processing of this form is obligatory. In the event that you do not provide those personal data, we may not be able to handle or further process the application.

Classes of Transferees

3. The personal data you provide will be made available to persons working in EDB. Apart from this, they may be transferred or disclosed to the parties or in the circumstances listed below:
 - (a) other Government bureau and departments for the purposes mentioned in paragraph 1 above;
 - (b) the school in which the form relates for the purposes mentioned in paragraph 1 above;
 - (c) where you have given your prescribed consent to such disclosure; and
 - (d) where such disclosure is authorised or required under the law or court order applicable to Hong Kong.

Access to Personal Data

4. You have the right to request access to and correction of your personal data held by EDB. Request for access or correction of personal data should be made in writing to Teacher Registration Team at 2/F, Trade and Industry Tower, 3 Concorde Road, Kowloon.