

**Pre-primary Education Voucher Scheme (PEVS)
Claim Form for Reimbursement of Course Fee (Claim Form)
[Applicable to Non-Profit Making Kindergartens Joining PEVS]**

Important:

1. Principals and regular full-time teachers teaching full curriculum of nursery, lower and upper classes in non-profit-making PEVS kindergartens as from the 2007/08 school year are eligible for course fee reimbursement for one approved course up to the end of the 2011/12 school year. Supply teachers or temporary teachers on monthly or daily basis are not eligible for course fee reimbursement from the teacher development subsidy of the PEVS.
2. Eligible principals and teachers may submit application for reimbursement on a yearly basis upon successful completion of the respective term(s)/year of studies of the course which the paid course fee has fully covered.
3. Applicants should submit the completed claim form to their serving kindergartens together with the original of the tuition fee receipt and the certified copy of documentary proof of their studies issued by the course providers. The kindergartens should remind and ensure that applicants have not obtained any other publicly-funded financial assistance for the same course, modules or units of studies.
4. The kindergartens should keep properly the original copy of the Claim Form and related documents for record and make them available for inspection purpose. The applicants should keep a personal copy of the Claim Form for future reference.
5. All parts contained in this Claim Form should be completed. Please refer to the latest "Guidance Notes on Completing the Teacher Development Plan" for other details before filling in the Claim Form.

PART I Information of Applicant (to be filled in by the applicant in BLOCK letters)

Name of Applicant: _____ (in English) _____ (in Chinese) Sex: * M / F

* Passport / Hong Kong Identity Card No.: _____

Issuing Country (for passport holder only): _____

Claiming course fee reimbursement for the 20 / _____ school yearName of kindergarten served in the above school year:

Address of kindergarten: _____

Daytime Contact Phone No.: _____ Other Contact Phone No.: _____

PART II Course Information (to be filled in by the applicant in BLOCK letters)

1. Name of Institute attending: _____

2. Course Code (Please refer to the "Approved Course List"): ACL

3. Course Name: _____

4. Full Course Duration: _____ * school years / modules / credit units

5. Course Commencement Date: _____ (dd/mm/yyyy)

6. Course duration completed up to date: _____ * school years / modules / credit units

7. Remaining course duration to be completed: _____ * school years / modules / credit units

8. Full Course Fee: HK\$9. Amount of course fee reimbursement applied in this claim form: HK\$10. Cumulative fee reimbursement received previously for this course: HK\$

* please delete if inappropriate

Part III Agreement, Undertaking and Declaration (To be filled in by the applicant)

1. I, being the applicant specified in part I of this Claim Form, represent and undertake that I am *a full-time teacher teaching full curriculum of nursery, lower and upper classes in the kindergarten specified in Part I of this Claim Form / *a serving principal in the kindergarten specified in Part I of this Claim Form.
2. I undertake and declare that all information contained in this Claim Form is up-to-date, true, accurate and complete. I understand and agree that if any information contained in this Claim Form is false or incorrect, incomplete or misleading, this application will be immediately invalidated and/or I may be liable to be sued for misrepresentation and/or breach of contract, and further, be prosecuted for a criminal offence.
3. I understand and agree that my application will not be processed if I fail to provide all the information required.
4. I agree that the personal data provided in this Claim Form may be used by the kindergarten specified in Part I of the Claim Form or the Education Bureau (“EDB”) or the agents or contractors of the Government for the purposes of processing my application for course fee reimbursement, data authentication, fraud detection and prevention, recovery of course fee reimbursed or any part thereof, administrative purpose and statistics and research purposes. I also give consent to the EDB disclosing the information provided in my application to other Government bureaux and departments or relevant non-Government bodies for those purposes. I understand that in accordance with Sections 18 and 22 and Principle 6 of Schedule 1 to the Personal Data (Privacy) Ordinance (Cap. 486 of the Laws of the Hong Kong Special Administrative Region), I (being the data subject) have the right to request access and corrections to the personal data provided in this Claim Form. I understand that any such requests should be addressed to in the kindergarten specified in Part I of this Claim Form.
5. I declare that I have not obtained any other publicly-funded financial assistance for the same course, modules or units of studies as specified in this Claim Form.
6. I intend to continue serving as * a principal / teacher in the kindergarten specified in Part I of the Claim Form or any kindergarten in the Hong Kong Special Administrative Region for a period of _____ (years) as mutually agreed with I and the kindergarten specified in Part I of the Claim Form upon my successful completion of the full course specified in Part II of the Claim Form.
7. I shall return immediately upon demand all the reimbursed course fee to the kindergarten specified in Part I of this Claim Form or the EDB should I fail successfully to complete the full course specified in Part II of this Claim Form or should I be in breach of clause 5 above.

** please delete if inappropriate*

Date: _____

Signature of Applicant: _____

Name of Applicant: _____

(in BLOCK letters)

PART IV To be filled in by the Supervisor on behalf of the kindergarten specified in Part I of the Claim Form

I certify that the following information is correct. *(please tick in the box and fill in the space as provided)*

- The applicant is *a full-time teacher teaching full curriculum of nursery, lower and upper classes in the kindergarten specified in Part I of the Claim Form / *the serving principal in the kindergarten specified in Part I of the Claim Form. *(*please delete if inappropriate)*
- Original copy of the tuition fee receipt is kept by the kindergarten specified in Part I of the Claim Form.
- Certified copy of documentary proof of successful completion of the course is kept by the kindergarten specified in Part I of the Claim Form.
- The claim is made in accordance with the Teacher Development Plan approved by EDB.
- This is the _____ (i.e. fill in 1st, 2nd or 3rd... and so on) claim form submitted by the applicant, whose cumulative fee approved for reimbursement for the Course specified in Part II of this Claim Form amounts to HK\$_____ (as up to date, excluding this claim).

Signature of Supervisor:

Name of Supervisor:

Date:

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Part V Acknowledgement Receipt (to be filled in by the applicant)

I hereby acknowledge receipt of payment in the amount of HK\$_____, being the course fee reimbursement as set out in Part II item (9) of this Claim Form.

Date: _____

Signature of Applicant: _____

Name of Applicant: _____

(in BLOCK letters)