

**Application for Extension of Service of Native-speaking English Teachers (NETs)
Beyond the Retirement Age in Aided Schools
in the 2017/18 School Year**

From: Supervisor, _____
(Name of school)

To: Permanent Secretary for Education
[Attn: Senior Professional Development Officer (Teacher Administration)2]
NET Administration Team
Teacher Administration Section
Room 1110, 11/F, Wu Chung House
213 Queen's Road East
Wan Chai, Hong Kong

Points to Note:

1. This proforma should be completed **by the school** applying for extension of service of the NET beyond the retirement age.
2. **Supporting documents** should be submitted with this application form and they **will not be returned to the school / the NET** after the application has been processed.
3. The deadline of application is **1 February 2017**. **All applications submitted beyond the above deadline will NOT be processed.**
4. An acknowledgement receipt will be sent to your school by mail within 7 working days after the application has been received by the Education Bureau (EDB).

The following NET is currently employed in my school:

Name: _____

Rank: _____ Teacher Registration No.: _____

(Hereafter "the NET")

Part I Application for extension of service of the NET

Please insert a '✓' in the box as appropriate

- The NET of our school will be 60 or above on 31 August 2017. I recommend the extension of service of the NET in the **2017/18** school year for the approval of the Permanent Secretary for Education.
- The NET of our school will be 59 on 31 August 2017 and turn 60 before the commencement of the 2018/19 school year. I recommend the extension of service of the NET in the **2018/19** school year for the approval in advance of the Permanent Secretary for Education. (Note: This is applicable only for those NETs who wish to renew a 2-year contract with their schools effective from the 2017/18 school year.)

Part II Justification for supporting the school’s application

(For item 1. to 4. below, please use separate sheet(s) and provide the relevant supporting documents)

1. Recruitment difficulties (including evidence of the school’s efforts in finding a replacement for the NET, such as advertisement, records of interview/contact with candidates, etc.) and other reasons for the unavailability of any suitable candidate for the post of the NET:

2. Special needs/reasons to retain the service of the NET (For example, his/her exceptional involvement/commitment in the current and the 2017/18 school years in the development of the school):

3. The NET’s contributions to the English learning and teaching (including curriculum planning and development, teaching strategies/activities, teachers’ professional development and co-curricular activities) in my school that could warrant EDB’s special consideration for his/her continuous service in the 2017/18 school year:

4. School's succession planning for the NET if this application for extension of service is approved:

(Schools with NETs already on extension of service beyond the retirement age in the 2016/17 school year are required to report the implementation of the succession plan as stated in the previous application and to explain why it is still considered absolutely necessary to apply for further extension of service of the incumbent NET in the 2017/18 school year.)

Part III Confirmation

- I understand that the SMC / IMC has the responsibility to first of all make every reasonable effort to find a suitable replacement. Besides, the SMC / IMC should follow the existing requirements to ensure that the recruitment is open, fair and transparent.
- I confirm that no suitable applicant can be identified, or no successful applicant accepts the offer of the NET post. Besides, the NET is considered to be physically fit to work beyond the retirement age (The original medical certificate for the NET is attached) and have a satisfactory performance during his/her service period in my school (The NET's performance appraisal records can be attached as part of the supporting documents).

Signature of
Supervisor

Name of Supervisor

Name of School

School Address

Contact Person

Telephone No.

Fax No.

Date

