

Regional NET Coordinating Team (RNCT)
School-based Support 2019/20
APPLICATION FORM

Please complete the form **in English** and return to the NET Section of the Education Bureau either:

1) by post

*William CHENG
 Native-speaking English Teacher Section
 Education Bureau,
 Room 1120, 11/F Tsuen Wan Multi-storey Carpark Building
 174-208 Castle Peak Road, Tsuen Wan,
 New Territories*

2) by fax

*Attention: William CHENG
 Fax No. 3549 8378*

*Each school should submit one application form only.
 Deadlines: 11 November 2019*

**For details about the RNCT School-based Support in the 2019/20 school year, please visit:
<https://nets.edb.hkedcity.net/page.php?p=267>**

1. School Details

Name of School: _____

Name of Principal: Mr / Mrs / Ms _____ Tel. No.: _____

Name of English Panel Head: Mr / Mrs / Ms _____ Tel. No.: _____

Name of Contact Person: Mr / Mrs / Ms _____ Tel. No.: _____

Email address of Contact Person: _____

School Address: _____

Tel. No.: _____ Fax No.: _____

2. Area(s) where support is required

Please indicate which of the following areas of support is required:

- 21st Century Literacies (Foundation, Information or Multimodal Literacy)
 - Foundation Literacy (e.g. decoding and reading comprehension skills and strategies, writing skills and strategies, grammar in context, including text grammar)
 - Information Literacy (e.g. managing, evaluating and making good use of information)
 - Multimodal Literacy (e.g. use and production of multimodal texts)
- Speaking and Listening, including debating and public speaking
- Integrating Content and Language Learning
- Integrating Language Arts
 - Drama and Puppetry
 - Film Appreciation and Production
 - Short Story Appreciation and Production
- Promoting Classroom Interaction
- Curriculum Planning and Development
- Other (Please specify: _____)

3. Target year level(s)

Please indicate the year level(s) the support is to target.

- S1 S2 S3 S4 S5 S6

4. Details of the request

Please outline the following:

a. The reason why the request is made

b. The form of support that is required (e.g. school-based workshops, planning a unit of work)

c. The extent to which the RNCT support will encourage the school NET to collaborate with other English Panel Members

d. The expected impact of the support on building teachers' capacity

e. The support to be provided by the School Management to facilitate the work of the RNCT

f. Means to sustain the impact of this project

5. Preferred support start date

Please indicate the preferred start date of support. (Please tick (✓) ONE box.)

- October to December 2018
- January to March 2019

6. Support Details from other EDB Sections

- Are you currently receiving support for the implementation of the English language curriculum from other EDB Sections? **YES/ NO** (please circle)
- If yes, which EDB section(s)? _____

7. Declaration

I confirm that all information given in this application is true and accurate and undertake to facilitate the support provided by the Regional NET Coordinating Team if our request for support is approved.

Signature of School Principal:
(with school chop)

Name in BLOCK letters:

Date:
