Consent Form for Claiming Passage Allowance under the Native-speaking English Teacher (NET) Scheme in Aided Primary and Secondary Schools for NETs Having Changed Schools

* Delete as appropriate

Part I (To be completed by NET)

- 1. Full Name of the NET: (Mr./Ms./Mrs/Miss*):_____
- 2. The unclaimed passage(s) under the NET Scheme is/are:

Contract Period	Type of Passage		No. of Air-
(dd/mm/yyyy – dd/mm/yyyy)	(Please \checkmark the appropriate box)		ticket(s)
		Inbound passage upon appointment	
		Outbound passage upon completion	
		Inbound passage upon appointment	
		Outbound passage upon completion	
		Inbound passage upon appointment	
		Outbound passage upon completion	
		Inbound passage upon appointment	
		Outbound passage upon completion	
		Inbound passage upon appointment	
		Outbound passage upon completion	
		Total	

- _____(Name of I hereby give my consent to 3. NET's current employing school) to handle the procedures relating to application for reimbursement of passage allowance as stated above, including certification and submission of application form and quotation making.
- I understood and agreed that the reimbursed amount of passage allowance, if any, will be released 4. to the bank account of my current employing school as stated in para. 3 above.

Signature of NET: _____ Date: _____

Part II (To be completed by the current employing school of the NET)

To : Secretary for Education

[Attn: NET Administration Team, Education Bureau] W304, 3/F, West Block, Education Bureau Kowloon Tong Education Services Centre, 19 Suffolk Road, Kowloon Tong, Kowloon, Hong Kong

- I certify that my school will handle air-ticket(s) of our serving NET provided in the previous contract from _______ (Name of NET's previous school) and will handle the procedures relating to application for reimbursement of passage allowance on behalf of the NET, including certification and submission of application form and quotation making.
- 2. I understood and agreed that the reimbursed amount of passage allowance, if any, will be released to the bank account of my school.

Signature of supervisor/principal*	*:	Date:	
Name of supervisor/principal*:	Mr./Mrs./Ms./Miss.*		
Name of school:		(School code:)
Contact person for enquiry: Mr./M	Mrs./Ms./Miss.*	Tel. no.:	
Post of contact person:			

Part III (To be completed by the NET Administration Team, the Education Bureau)

confirm that the unclaimed air-tick	et(s) of	(Full
ame of the NET) from his/her prev	vious contract has/have transferred to cu	rrent employing school.
lease arrange payment of the reimb	ursed amount of the passage allowance	to the bank account of
	(Name	e of the NET's current
mploying school).		
	Signature:	
	Name:	
	Post :	
	Date:	

Part IV (To be completed by the Recurrent Subventions Section, the Education Bureau)

Input Prepared by	Date	Checked by	Date
	Input Prepared by	Input Prepared by Date	Input Prepared by Date Checked by