#### Education Bureau Circular No. 9/2009

From : Secretary for Education

Ref. : EMB(NET ADM)/ENET/1/3

Date : 21 July 2009

To: Supervisors/Heads of all aided secondary schools, caput schools, special schools with a secondary section

c.c. : Supervisors/Heads of all private secondary schools/DSS schools, Heads of Sections/Government secondary schools

#### **Enhanced Native-speaking English Teacher (NET) Scheme in Secondary Schools**

#### **Payment of Fringe Benefits**

#### **SUMMARY**

This circular aims to update the details on how to assess the eligibility of the Native-speaking English Teachers (NETs), in particular for those joining the NET Scheme for the first time and for NETs with changes in his/her personal or family particulars which might affect the entitlement, for the fringe benefits provided under the Enhanced NET Scheme in Secondary Schools and the procedure of processing the applications for such benefits. This circular supersedes the Education and Manpower Bureau Circular Memorandum No. 198/2004 dated 14 September 2004 on the same subject.

#### **DETAILS**

#### Certification for 'normal place of residence'

- 2. NETs are entitled to passages, baggage allowance, special allowance and medical allowance provided under the Enhanced NET Scheme only if their normal place of residence is outside Hong Kong. For a NET to establish that his/her normal place of residence is outside Hong Kong, he/she should satisfy the following criteria:
  - (a) possessing permanent resident status in a country/place outside Hong Kong; and
  - (b) his/her social ties being outside Hong Kong.
- 3. In this connection, the NETs are required to complete and submit NET-Form A to their schools for consideration. The NET is required to provide supplementary information by completing NET-Form A (Annex). The school should send the completed NET-Form A and NET-Form A (Annex), attached with relevant supporting documents, to the Secretary for Education for consideration.

4. Once a NET's normal place of residence is established to be outside Hong Kong and his/her eligibility for the fringe benefits under the Enhanced NET Scheme in Secondary Schools or the NET Scheme in Primary Schools is certified, the NET should continue to be eligible for the fringe benefits when re-appointed under these Schemes in the same or another public sector school without break of service, unless there are changes in his/her personal or family particulars which might affect the entitlement.

#### Prevention of double benefits

5. When certifying the eligibility of a NET for the fringe benefits, schools should note that the NET is required to declare that he/she or his/her spouse is not receiving any similar benefits. A NET will not be eligible for the Special Allowance if he/she or his/her spouse is already receiving the same allowance or any other housing benefits from his/her own employer. Similarly, a NET will not be eligible for passages, baggage and medical allowance if he/she or his/her spouse is provided with similar benefits by his/her employer. All NETs receiving fringe benefits under the Enhanced NET Scheme should be required to report changes of marital status and family particulars, which may affect their entitlement, to the schools. Schools should then re-assess the NETs' eligibility for the fringe benefits.

#### Applications

6. The following standard application forms are attached for use of the NETs in secondary schools:

NET-Form A - Declaration on Normal Place of Residence

NET-Form B - Application for Special Allowance

NET-Form C - Application for Reimbursement of Passages/Baggage Allowance

NET-Form D - Application for Reimbursement of Medical Insurance Premium

Payment

NET-Form E - Application for Advance of Salary

Completed application forms A - E should be certified by the schools and forwarded directly to the NET Administration Team of the Education Bureau for processing. All receipts/invoices/used air tickets in support of the applications should be kept in the schools and made available for inspection as and when necessary.

#### **ENQUIRY**

7. For enquiry, please contact your Senior School Development Officer.

Sheridan LEE for Secretary for Education

## Enhanced Native-speaking English Teacher (NET) Scheme in Secondary Schools Declaration on Normal Place of Residence

#### Notes:

- 1. For a NET to establish that his/her normal place of residence is outside Hong Kong, he/she should satisfy the criteria as set out in Part I below.
- 2. The completed NET-Form A and NET-Form A (Annex) and the supporting documents listed in the attached checklist should be sent by the school to the Secretary for Education for consideration.
- 3. Please ensure that sufficient postage is paid to avoid unsuccessful delivery of application. Any underpaid mail items will be disposed of by the Hongkong Post.

	ипа	егра	ia maii iiems wiii be aisposea oj by ine Hongkong Fosi.	
Ple	ase ii	nsert	a $\checkmark$ in the appropriate box	* Delete as appropriate
PA	RT I	(To	be completed by the NET)	
To	Supe	erviso	or/Principal of	(School)
1.	I dec	clare	that:	
		(a)	I possess permanent resident status in	(Name of country).
		(b)	My social ties are outside Hong Kong.	\
		(c)	I have resided outside Hong Kong continuously for at least 5 years is an appointment under the NET Scheme in a secondary school in Hon	
2.		I an	n single.	
		I an	n married and my spouse's particulars are provided as follows:	
			Full name of my spouse:	
			Hong Kong Identity Card Number (if any):	
			I declare that my spouse of particulars stated above <b>is / is not</b> * e. NET Scheme in Secondary Schools or the NET Scheme in Primary the affirmative, please provide the employment details of your spou	Schools. If the answer is in
			Name of school:	_
			Contract period: from to	
3.	<u>(a)</u>	For n	new NETs	
		of the	clare that my normal place of residence has not been established outs he above claim of my normal place of residence outside Hong Kong, vided in NET-Form A (Annex) and supporting documents are attached	supplementary information is
	<u>(b)</u>	For s	serving NETs	
			cclare that my normal place of residence has been established outsidenges on my personal or family particulars.	e Hong Kong. There are no
		pers	sclare that my normal place of residence has been established outsides sonal or family particulars are provided in NET-Form A and/or porting documents are attached.	
			clare that my normal place of residence has not been established outs he above claim of my normal place of residence outside Hong Kong,	

provided in NET-Form A (Annex) and supporting documents are attached.

4.	understood the I understand that disciplinary/lega	ne above information is complete and correct EDB Circular No. 9/2009 including the Note if I give any false or incorrect informated proceedings and disqualification from received Scheme in Secondary Schools.	es for Completing NET-Forms A-E. I tion, I shall render myself liable to
	Signature of NET:	Dat	ee:
	Full name of NET:		
		(Given names) (Surn	name)
PA	RT II (To be complete	ed by the school)	
To:	Room W304, 3/F, W	on tration Team, Education Bureau] est Block, EDB Kowloon Tong Education Ser wloon Tong, Kowloon	rvices Centre,
1.		ed under the Enhanced NET Scheme in Seconto	
2.	I have checked that the	NET has:	
		and/or Annex of the NET-Form A; and uired supporting documents, if applicable, as	listed in the attached checklist.
3.		cuments provided by the NET in support of correct. It is considered that:	his/her declaration in Part I above and
	fringe benefits	mal place of residence is outside Hong Kong provided under the Enhanced NET Scheme place of residence is outside Hong Kong.	
	the fringe bene	nal place of residence is not outside Hong Konfits provided under the Enhanced NET Schemblace of residence is outside Hong Kong.	
4.		copies of relevant documents certified by ded herewith for your consideration.	the school in support of the NET's
Sig	gnature of supervisor/pr	incipal*:	Date:
	me of supervisor/princi	11. 37. 37. 37. 37. 37.	
Na	me of school:		(School code:)
Scl			
			T.
Co		y: Mr./Mrs./Ms./Miss.*	
Pos	st of contact person:		

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

To:	Supervisor/Principal of	(School)
Re:		(Full name of the NET)
	He/She is eligible to apply for the fringe	this/her normal place of residence is outside Hong Kong. benefits provided under the Enhanced NET Scheme in normal place of residence is outside Hong Kong.
	•	ace of residence is <b>not</b> outside Hong Kong. He/She is provided under the Enhanced NET Scheme in Secondary of residence is outside Hong Kong.
Plea	ase advise the NET of the above result accordingly	y.
		Signature:
		Name:
		Post:
		Date:
c.c.:	: SSDO( ) - for information Recurrent Subventions Section/Funds Section - f	for records  END

(revised 8/2022)

# Enhanced Native-speaking English Teacher (NET) Scheme in Secondary Schools Declaration on Normal Place of Residence Supplementary Information

\* Delete as appropriate

1.	Full name of ap	plicant: Mr./Mrs./	Ms./Miss.*		
			(Given names	(Su	rname)
2.	Place of birth:		3.National	ity/Nationalities held:	
4.	Hong Kong Idea	ntity Card number:			
			(Mandato	ory to be provided onc	e available)
5.	Holder of Hong	Kong Permanent Id	entity Card:	Yes / No	) *
6.	Full name of sp	ouse: Mr./Mrs./	Ms.*		
	Place of birth:		Nationali	ty/Nationalities held:	
	Holder of Hong	Kong Permanent Id	entity Card:	Yes / No	) *
7.	Residence <b>outs</b> excluded)	ide Hong Kong sin	ce birth (in chronologica	al order) (periods of e	excursion visits should be
	From (mm/yyyy)	To (mm/yyyy)	Place of residence		Purpose
8.	Period(s) of resi	idence <b>in Hong Kor</b>	ng since birth (in chronolo	orical order)	
ο.	From	ployer(s) in case of			
	From To Purpose (Please provide the name of employer(s) in case of (mm/yyyy) (mm/yyyy) employment)				
9.	Particulars of cl	nildren			
		Full name		Date of birth (dd/mm/yyyy)	Place of birth
10.		e(s), flat(s) or busin nership must be prod		g or overseas, includ	ing address (documentary
	(a)				
	(b)				
11.	Full name of fat	ther:			
	His place of bir	th:		His nationality:	
	His present add	ress:			

]	Full name of mother:					
]	Her place of birth:	Her nationality:				
]	Her present address:					
1	D.4.:1 f	II IV	: <b>c</b>			
Details of parents' employment in		Hong Kor	-		N	
,	From		То		Name a	nd address of employer(s)
	Father  Mother					
	Full name of spouse's father:	<u> </u>		ı		
	His place of birth:				His nation	nality:
	His present address:				_ 1115 1141101	
-	ins present address.					
]	Full name of spouse's mother:					
	Her place of birth:				Her nation	nality:
Her present address:					_	
	1					
]	Particulars of brother(s)/sister(s)					
	Full name	Pla	ce of birth			Present address
]	Particulars of close relative(s) residual	ding in Ho	ong Kong			
	Full nam		Relationship with you			
	If members of your family (e.g. (documentary evidence must be pr			ers) h	nave emigra	ted overseas, please give de
	Relationship with you		Date of	emig	gration	Country
	Where do you consider your nor residence is outside Hong Kong.)	rmal place	e of residence	e? (F	Please give	reasons if your normal place

20.	If you consider that Hong Kong:	your normal place of r	esidence is outside	de Hong Kong, please give reasons for comin	ng to
21.	If you consider your	social ties are in place	es other than Hon	ng Kong, please give reasons:	
22.	place of residence,	do you consider that	such employmen	our periodically visiting or revisiting your no nt represents a material degree of dislocation If the answer is in the affirmative, please	n or
23.	If you wish to provi	de further information	about yourself an	nd your family, please use the space below:	
24.		iable to dismissal if I h	•	ion or withhold any material information, I ted to the post under the Enhanced NET Sch	
	Signature of NET:			Date:	
	Full name of NET:	(Given names)		(Surname)	

### **Checklist of Supporting Documents**

(To be completed by the NET and checked by the school)

Please	insert a $\checkmark$ in the appropriate box					
	certified copy of passport or relevant documents to verify nationality of the NET, with relevant pages showing condition of stay in Hong Kong					
	certified copy of passport or relevant documents to verify nationality of the NET's spouse, with relevant pages showing condition of stay in Hong Kong					
	certified copies of documentary evidence to prove the NET's residence <u>outside Hong Kong</u> as stated in paragraph 6 of this form, including:					
	birth certificate of the NET and, if any, NET's unmarried children under the age of 18 degree transcripts reference letters/graduation certificates from primary school/secondary school/college reference letters/certificates of service from previous employers employment records tenancy agreement rates/electricity bills marriage certificate (for married NET) others (Please specify)					
	documentary evidence of ownership of house(s), flat(s) or business in Hong Kong or overseas as stated in paragraph 10 of this form					
	END					

## Enhanced Native-speaking English Teacher (NET) Scheme in Secondary Schools Declaration on Normal Place of Residence 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 employment-related matters including appointments, training and career developments, remuneration and benefits, staff relation, communications and compliance with procedures;
  - (b) Activities relating to matching of the personal data with the database of relevant Government bureaux / departments in connection with the processing, authentication and counter-checking of employment-related matters 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, and
  - (d) Activities relating to compilation of statistics, research and Government publications.
- 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 form.

#### 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) personnel, agent, service provider or organisations engaged by EDB to provide services or advice 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 the Controlling Officer (Data Protection) at 15/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong or email to edbinfo@edb.gov.hk.

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(revised 8/2022)

#### Enhanced Native-speaking English Teacher (NET) Scheme in Secondary Schools Application for Special Allowance

#### Notes:

- 1. Only the ORIGINAL copy of the form will be accepted.
- 2. Please ensure that sufficient postage is paid to avoid unsuccessful delivery of application. Any underpaid mail items will be disposed of by the Hongkong Post.

Ple	ase insert a $\checkmark$ in the appropr	iate box	* Delete as appropriate
Sec	tion 1: Personal Particular		
1.	Full name of applicant: _1	/Ir./Mrs./Ms./Miss.*	
		(Given names)	(Surname)
2.	Nationality/Nationalities he	eld: 3. Passport	t number:
4.	Hong Kong Identity Card n		
		(Mandatory to be provi	_
5.	Marital status: si	ngle separated widov	ved divorced
	n	narried, accompanied by spouse	ed, unaccompanied by spouse
6.	Full name of spouse:	//r./Mrs./Ms./Miss.*	
٠.	<u></u>	(Given names)	(Surname)
7.	Nationality/Nationalities he	ld: 8. Passport	t number:
9.	Hong Kong Identity Card n		
		(Mandatory to be provi	ded once available)
10.	Spouse's occupation:		
11.	Spouse's employer:		
Sec	tion 2: Details of Residence		
1.	Residential address:		
2.	Housing benefits (in cash	□ No	
	or in kind) currently received by me / spouse :	Yes	
		Public Rental Housing Home	Ownership Scheme
		☐ Home Purchase Loan ☐ Staff (	Quarters
		Others (please specify):	
3	Lenclose herewith the	original or a copy of my proof of address issue	ed within the last three months

## Section 3: Declaration by Applicant and Spouse

To:	Supervisor/Principal o	f	(School)
1.	I hereby apply for Sp Scheme in Secondary		-speaking English Teachers employed under the Enhanced NET
2.	NET-Forms A-E Conditions of Se	and the stipulations related rvice. I agree to abide b	the EDB Circular No. 9/2009 including the Notes for Completing of the Special Allowance in the Memorandum on the Terms and by the provisions of the Special Allowance for Native-speaking and NET Scheme in Secondary Schools.
3.	my / my spouse'		<b>are*</b> not receiving <b>any housing benefits</b> in cash or in kind under the Government, any Publicly-funded Organization or other Hong Kong.
4.	We* understand to be subject to the Scheme, being red	hat if <b>I / I and my spouse*</b> consequences, including d quired to refund the benefits	mation provided in this application form is true and correct. $I$ / give any false or incorrect information / declaration, $I$ / $we^*$ will isqualification from all forms of fringe benefits under the NET to the Government, and being subject to disciplinary punishment proceedings and / or criminal prosecution.
5.		ort to the school within 30 ntitlement to the Special Alle	days any changes of my marital status and family particulars that owance.
6.		e any form of housing benef	ing the Special Allowance immediately once I and/or my spouse its in cash or in kind under my / my spouse's terms of employment
7.	made. The Gove derived from volume, together with was made to the co	ernment reserves the right to intary contributions under a the interest accrued on such late of deduction/the date th	r if any overpayment of fringe benefits under the NET Scheme is o deduct from my Salaries and recover from my accrued benefits my provident fund scheme any amount that it may have overpaid a amount, as appropriate, from the date on which the overpayment at the amount is recovered, and all costs and expenses incurred in my set-off any sums due from me against any sums due to me.
8.	Scheme, to check the personal data personal data coll EDB to approach solicitor(s) concer possess, so that t	and match my / our* pers given on this application ected for any other purpose other government department and expressly agree that he EDB can use such data	B, in assessing my eligibility for the fringe benefits under the NET onal data relating to this application (including but not limited to form and other relevant documents submitted) with <b>my / our*</b> (whether it is by manual means). <b>I / We*</b> hereby authorise the tents, public/private organisations, or employer(s), landlord(s) or at they may give access to the EDB <b>my / our*</b> personal data they a for the purpose of processing my application, ascertaining my and/or taking appropriate actions against <b>me/us*</b> if necessary.
9.	data given on the activities relating	is application form and otl	lating to this application (including but not limited to the personal ner relevant documents submitted) can be used by the EDB in a fringe benefits under the NET Scheme and may be disclosed to
10.	I understand that i	t will not be possible to pro-	cess my application if I fail to provide the information requested.
11.	I / We* have read this application fo		he Personal Information Collection Statement in the Appendix of
	Signature of applicant:		Date:
		(Given names)	(Surname)
	Signature of spouse:		Date:
	Full name of spouse:		
	-	(Given names)	(Surname)

## Section 4: Certification by Applicant's School (to be completed by aided schools/special schools with secondary section only)

To:	[A	cretary for Education ttn: NET Administration T om W304, 3/F, West Block Suffolk Road, Kowloon T	k, EDB Kowloon Tong Education Service	res Centre,
1.	I cer (a)	appointed as a Native-sp Schools in my school fr renewed/appointment co	reaking English Teacher under the Enhance on to	nced NET Scheme in Secondary (For the contract appointment/extension contract
	(b)	-	pecial Allowance in the amount of HK\$_contract with effect fromontract period starts).	
2.	I sho	ould be grateful if you wou	ld arrange the payment.	
Signa	iture	of supervisor/principal*:		Date:
Name	e of s	upervisor/principal*:	Mr./Mrs./Ms./Miss.*	
Name	e of s	chool:		
		1		
	01 444	<del>-</del>		
Conta	act pe		./Ms./Miss.*	
			nt's School (to be completed and retain	· ·
1.	app in rene	my school fromewed/appointment contract	g English Teacher under the Enhanced N  to	(For the contract
2.		-	nce to the NET in the amount of HK\$ et with effect from is	
Sign	ature	of supervisor/principal*:		Date:
Nam	ne of	supervisor/principal*:	Mr./Mrs./Ms./Miss.*	
Nam	ne of	school:		

### Section 6: Certification by the NET Administration Team, the Education Bureau

I confirm that already established that his/her normal plareceive the Special Allowance.	ace of residence is	(Full name of the NET) has outside Hong Kong and he/she is entitled to
	Signature:	
	Name:	
	Post:	
	Date:	

#### Section 7: For Official Use of the Funds Section, the Education Bureau

Received on	Input Prepared by	Date	Checked by	Date

---- END ----

# Enhanced Native-speaking English Teacher (NET) Scheme in Secondary Schools Application for Special Allowance 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 employment-related matters including appointments, training and career developments, remuneration and benefits, staff relation, communications and compliance with procedures;
  - (b) Activities relating to matching of the personal data with the database of relevant Government bureaux / departments in connection with the processing, authentication and counter-checking of employment-related matters 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, and
  - (d) Activities relating to compilation of statistics, research and Government publications.
- 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 form.

#### 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) personnel, agent, service provider or organisations engaged by EDB to provide services or advice 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 the Controlling Officer (Data Protection) at 15/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong or email to edbinfo@edb.gov.hk.

#### Enhanced Native-speaking English Teacher (NET) Scheme in Secondary Schools Application for Reimbursement of Passage/Baggage Allowance

#### Notes:

- The exchange rate to be used for the purpose of reimbursement is the mid-market rate as at the first working day of the month in which the passage begins. For seeking reimbursement before the homeward travel, the midmarket rate as at the first working day of the month in which the claim is submitted would be used.
- Only the ORIGINAL copy of the form and any subsequent amendments will be accepted.
- The quotation of flight tickets should be arranged by the School. Schools ought to assign clear segregation of staff duties at different stages of the procurement process to ensure openness and fairness.

se insert a √in t	he appropriate box			* Delete a	s appropriate
t I (To be comple	eted by the NET)				
Supervisor/Princi	pal of				(School)
Particulars of N	ET and family men	nbers			
		]	Name in full		Date of birth (dd/mm/yyyy)
(a) Myself					(ud/IIII/yyyy)
(b) My spouse					
(c) My child(re	en) who				
is/are unma	•				
under the a					
I hereby ag	oply for reimburse	ment of SINGLE	passage and su	bmit the receipt(s)	/and boarding
	reimbursement of a			•	C
•	s declared for this a			to	
		• •		10	
Air passage take	en/to be taken and a	,		T	
	Direct/indirect	Commencement	Completion of	Actual expenses**	Amount claimed#
	route	of the journey on	•	(Please specify the	(Please specify the
(-) M16	1: 4 /: 1: 4 *	(dd/mm/yyyy)	(dd/mm/yyyy)	currency)	currency)
(a) Myself	direct/indirect * direct/indirect *				
(b) My spouse (c) My	direct/indirect *				
child(ren)	direct/indirect *				
Ciliu(tell)	direct/indirect *				
	direct/munect		TOTAL		
			TOTAL	4	
I hereby ap	pply for reimburser	ment of RETURN	passage and su	bmit the receipt(s)	/and boarding
pass(es) for	reimbursement of a	air fares as shown b	elow.		
Destinations	s declared for this a	pplication: Between	een	and	
	en/to be taken and a				
All passage take		,		A , 1	A . 1 . 1
	Direct/indirect	Commencement	Completion of	Actual expenses**	Amount claimed
	route	of the journey on (dd/mm/yyyy)	the journey on (dd/mm/yyyy)	(Please specify the currency)	(Please specify the
(a) Myself	direct/indirect *	(uu/IIIII/yyyy)	(dd/IIIII/yyyy)	currency)	currency)
(b) My spouse	direct/indirect *				
(c) My	direct/indirect *				
child(ren)	direct/indirect *				
	direct/indirect *				
	afrect/indirect				

receipt, net of any other expenses such as accommodation.

<sup>#</sup> If the applicant is entitled only for single passage(s) but bought return ticket(s), the amount claimed should be 50% of the airfare.

(revised 8/2022)

		-				of my
	baggage exper	ises at a tot	al of		(please specify the currency).	
	I declare that tunderstand that	his baggag t no bagga	e claim is ma	ade upon my first		
	I declare that Schemes, be it will not be	this bagga the first ap in another	ge claim is opointment of employmen	made upon com r any subsequent	appointment under the NET Schemes,	, and I
	I am single.					
	I am married a	and my spou	ıse' particula	ars are provided as	s follow:	
	Full name	e of my spo	use:			
	Hong Ko	ng Identity	Card Number	r (if any):		
	NET Sch	eme in Seco	ondary Schoo	ols or the NET Scl	heme in Primary Schools. If the answ	er is
	Name of	school:				
	Contract	period:	from		to	
	claimed and the from my emp	nat I and my loyment w	family are note that the school	not receiving any or ol and my spous	double passage / and baggage* benefit se's employment. I undertake to not	arising
	Completing N	NET-Forms	A-E and t	he stipulations r	related to passage allowance and ba	
Signa	uture of NET:				Date:	
Hong	Kong Identity	Card Numb	er:	(Mandatam	to be provided once quallable)	
Ev.11	nome of NET:			( <i>manaatory</i>	to ve proviaea once avaitable)	
rull I	iaine oi NET:	(Given no	imes)		(Surname)	
	Hong	baggage exper  In-bound to Ho I declare that to understand that NET Schemes.  Out-bound to of I declare that Schemes, be it will not be in government, and I am single.  I am single.  I am married and Hong Kon I declare that NET Schement in the affirm Name of the Contract of Contract of I declare that claimed and the from my emposchool at once I confirm that Completing Mallowance in the Signature of NET:	In-bound to Hong Kong be I declare that this baggage understand that no baggat NET Schemes.  Out-bound to country of of I declare that this baggage Schemes, be it the first appeared will not be in another government, aided or capted I am single.  I am single.  I am married and my spoth Hong Kong Identity I declare that my spoth NET Scheme in Section the affirmative, plan Name of school:  Contract period:  I declare that I and my claimed and that I and my from my employment we school at once should the I confirm that I have real Completing NET-Forms allowance in the Memora.  Signature of NET:  Hong Kong Identity Card Numbers.	In-bound to Hong Kong baggage allow I declare that this baggage claim is munderstand that no baggage allowance NET Schemes.  Out-bound to country of origin baggage I declare that this baggage claim is Schemes, be it the first appointment owill not be in another employment government, aided or caput schools).  I am single.  I am married and my spouse' particular Full name of my spouse:  Hong Kong Identity Card Number I declare that my spouse of particular NET Scheme in Secondary School in the affirmative, please provide Name of school:  Contract period: from  I declare that I and my family ment claimed and that I and my family are refrom my employment with the schous chool at once should there be any subtemporary in the Memorandum on the Signature of NET:  Hong Kong Identity Card Number:	baggage expenses at a total of  In-bound to Hong Kong baggage allowance I declare that this baggage claim is made upon my first understand that no baggage allowance will be provide NET Schemes.  Out-bound to country of origin baggage allowance I declare that this baggage claim is made upon con Schemes, be it the first appointment or any subsequent will not be in another employment with schools government, aided or caput schools).  I am single.  I am married and my spouse' particulars are provided a Full name of my spouse:  Hong Kong Identity Card Number (if any):  I declare that my spouse of particulars stated above NET Scheme in Secondary Schools or the NET Sc in the affirmative, please provide the employment Name of school:  Contract period: from  I declare that I and my family members are eligible claimed and that I and my family are not receiving any from my employment with the school and my spous school at once should there be any subsequent change to I confirm that I have read and understood the EDB Completing NET-Forms A-E and the stipulations allowance in the Memorandum on the Terms and Cond  Signature of NET:  Hong Kong Identity Card Number:  (Mandatory  Full name of NET:	I declare that this baggage claim is made upon my first appointment under the NET Schemes understand that no baggage allowance will be provided for any subsequent appointment und NET Schemes.  Out-bound to country of origin baggage allowance I declare that this baggage claim is made upon completion of an appointment under the Schemes, be it the first appointment or any subsequent appointment under the NET Schemes, will not be in another employment with schools falling under the Schemes' purview government, aided or caput schools).  I am single.  I am married and my spouse' particulars are provided as follow:  Full name of my spouse:  Hong Kong Identity Card Number (if any):  I declare that my spouse of particulars stated above is / is not * employed under the Enhan NET Scheme in Secondary Schools or the NET Scheme in Primary Schools. If the answ in the affirmative, please provide the employment details of your spouse as specified belowance of school:  Contract period:  Tout to  I declare that I and my family members are eligible for the passage / and baggage* benefit from my employment with the school and my spouse's employment. I undertake to not school at once should there be any subsequent change to this information.  I confirm that I have read and understood the EDB Circular No. 9/2009 including the No Completing NET-Forms A-E and the stipulations related to passage allowance and be allowance in the Memorandum on the Terms and Conditions of Service.  Signature of NET:  Date:  Hong Kong Identity Card Number:  (Mandatory to be provided once available)

#### PART II (To be completed by aided schools/special schools with secondary section only)

To:	[Att Roo		Team, Education Bureau] ck, EDB Kowloon Tong E Tong, Kowloon	ducation Services Centre,
1.	I cei	rtify that the applicant is	:	
		Schools in my school fr renewed/appointment c	om	under the Enhanced NET Scheme in Secondary to (For the contract he previous appointment/extension contract period); and
	(b)	eligible for the grant of	the following:	
		passage allowand	ce [please complete para. 2	below]
		in-bound to Hong	g Kong baggage allowance	[please complete para. 3 below]
		<u> </u>		wance [please complete para. 4 below]
2.	(a)		(s) and amount of allowand	ce claimed as shown in Part I para. 2/para. 3 above
		correct.		
		incorrect and am	ended in red.	
	(b) (c)	by the school on Quotation inform	(date).  nation is attached.  class air passage by the me	passage by the most direct route have been obtained obtained obtained obtained by the school:
			Passage quoted	Quoted price
		Teacher	single/return *	HK\$
		Teacher's spouse	single/return *	HK\$
		Teacher's child(ren)	single/return *	HK\$
			single/return *	HK\$
			single/return *	HK\$
			TOTAL	HK\$
	(d)	Amount of passage all	owance approved:	
			Passage entitled	Amount approved @ (Please specify the currency)
		Teacher	single/return *	
		Teacher's spouse	single/return *	
		Teacher's child(ren)	single/return *	
		-	single/return *	
			single/return * TOTAL	
			IOIAL	

<sup>@</sup> The amount approved should be the amount claimed by the applicant in Part I para. 2/para. 3 which has been checked and duly corrected by the school, or the quoted price shown in 2(c) above, whichever is the less.

3.				is (please specify the currency).
4.				nd to country of origin baggage allowance at the is (please specify the currency).
5.		-	<b>-</b>	g pass(es) have been sighted by me and are kept al if you would arrange the payment.
Sig	nature	of supervisor/principal	*:	Date:
Nar	ne of s	school:		(School code: )
Sch	ool ad	14		
				Fax no.:
Cor	ntact p			Tel. no.:
		ontact person:		
PUS	t or co	ontact person.		
<b>₹</b> 4.1	~ m 111			
		-	d retained by caput school	s)
1.	The	grant of the following i	**	
		passage allowance [plo	ease complete para. 2 below	']
		in-bound to Hong Kon	ng baggage allowance [pleas	e complete para. 3 below]
		out-bound to country of	of origin baggage allowance	[please complete para. 4 below]
2.	(a)	Details of the passage	(s) and amount of allowance	e claimed as shown in Part I para. 2/para. 3 above
<b></b>	(4)	have been checked and		o claimed as shown in Fact I para. 2, para. 2 acc. c
		correct.		
		incorrect and am	ended in red.	
	<i>~</i> \	_		
	(b)	nos. of quotation		assage by the most direct route have been obtained
			nation is attached.	
		Quotation inform	lation is attached.	
	(c)	Quotation of economy	class air passage by the mo	ost direct route obtained by the school:
			1 0	•
		Name of Airline:		
			Passage quoted	Quoted price
		Teacher	Č	HK\$
		Teacher's spouse		HK\$ HK\$
		Teacher's child(ren)		HK\$
				HK\$
			TOTAL	

(d) Amount of passage allowance approved:

	Passage entitled	Amount approved @ (Please specify the currency)
Teacher	single/return *	
Teacher's spouse	single/return *	
Teacher's child(ren)	single/return *	
, ,	single/return *	
	single/return *	
	TOTAL	

The amount approved should be the amount claimed by the applicant in Part I para. 2/para. 3 which has been checked and duly corrected by the school, or the quoted price shown in 2(c) above, whichever is the less.

Whichever is the less.		
		nd to Hong Kong baggage allowance at the (please specify the currency).
		to country of origin baggage allowance at the (please specify the currency).
5. I certify that relevant receipt(s in the school for record purpos		ass(es) have been sighted by me and are kept
Signature of supervisor/principal*:		Date:
Name of supervisor/principal*:	Mr./Mrs./Ms./Miss.*	
Name of school:		
already established that his/her norm	nal place of residence as	(Full name of the NET) has outside Hong Kong and he/she is entitled to acy if not in Hong Kong Dollar) as follows:
<ul><li>(b) In-bound to Hong Kong Bagg</li><li>(c) Out-bound to Country of Ori</li></ul>		
(c) Out-bound to Country of Off	giii baggage Anowalice.	
	Signature:	
	Name:	
	Post:	
	Date:	

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

Received on	Input Prepared by	Date	Checked by	Date

#### Enhanced Native-speaking English Teacher (NET) Scheme in Secondary Schools Application for Reimbursement/Encashment of Passage/Baggage Allowance 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 employment-related matters including appointments, training and career developments, remuneration and benefits, staff relation, communications and compliance with procedures;
  - (b) Activities relating to matching of the personal data with the database of relevant Government bureaux / departments in connection with the processing, authentication and counter-checking of employment-related matters 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, and
  - (d) Activities relating to compilation of statistics, research and Government publications.
- 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 form.

#### 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) personnel, agent, service provider or organisations engaged by EDB to provide services or advice 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 the Controlling Officer (Data Protection) at 15/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong or email to edbinfo@edb.gov.hk.

---- END ----

## **Enhanced Native-speaking English Teacher (NET) Scheme in Secondary Schools Application for Reimbursement of Medical Insurance Premium Payment**

#### Notes: 1. Only the ORIGINAL copy of the form will be accepted. 2. Please ensure that sufficient postage is paid to avoid unsuccessful delivery of application. Any underpaid mail items will be disposed of by the Hongkong Post. *Please insert a* ✓ *the appropriate box* \*Delete as appropriate **Section 1: Personal Particulars** 1. Full name of applicant: Mr./Mrs./Ms./Miss.\* (Given names) (Surname) Nationality/Nationalities held: \_\_\_\_\_\_ 3. Passport number: 2. 4. Hong Kong Identity Card number: (Mandatory to be provided once available) divorced single separated widowed 5. Marital status: married, accompanied by spouse married, unaccompanied by spouse 6. Full name of spouse: Mr./Mrs./Ms./Miss.\* (Given names) (Surname) Nationality/Nationalities held: \_\_\_\_\_\_ 8. Passport number: \_\_\_\_\_ 7. 9. Hong Kong Identity Card number: (Mandatory to be provided once available) 10. Spouse's occupation: 11. Spouse's employer: **Section 2: Details of Insurance Policy** Details of the insurance policy 1. (a) Name of the Insurance Company: (b) Details of family members in Hong Kong insured: Name Relationship Date of birth (dd/mm/yyyy) Husband/Wife\* (c) Insured period (i.e. the period covered by the policy): 1. From \_\_\_\_\_ (dd/mm/yyyy) to \_\_\_\_\_ (dd/mm/yyyy)

2. I attach herewith the receipt(s) of the medical insurance premium payment as stated in paragraph 1 at a total of HK\$\_\_\_\_\_\_\_. (Please specify the currency if not in Hong Kong Dollars.)

 2. From
 (dd/mm/yyyy) to
 (dd/mm/yyyy)

 3. From
 (dd/mm/yyyy) to
 (dd/mm/yyyy)

 4. From
 (dd/mm/yyyy) to
 (dd/mm/yyyy)

### **Section 3: Declaration by Applicant and Spouse**

To:	Super	visor/Principal of (School)
1.		reby apply for the reimbursement of medical insurance premium payment for <b>myself / and my family</b> <pre>nber(s)* included in Section 2 for the school year.</pre>
2.		I confirm that I have read and understood the EDB Circular No. 9/2009 including the Notes for Completing NET-Forms A-E and the stipulations related to Medical Allowance in the Memorandum on the Terms and Conditions of Service. I agree to abide by the provisions of the Medical Allowance for Native-speaking English Teachers employed under the Enhanced NET Scheme in Secondary Schools.
3.		I / I and my spouse* declare that I and my family members included in this application are eligible for the Medical Allowance claimed and that I am / we are* not receiving any medical benefit arising from my employment with the school and my spouse's employment.
4.		I/I and $my$ spouse* declare that the information provided in this application form is true and correct. $I/We$ * understand that if $I/I$ and $my$ spouse* give any false or incorrect information / declaration, $I/we$ * will be subject to the consequences, including disqualification from all forms of fringe benefits under the NET Scheme, being required to refund the benefits to the Government, and being subject to disciplinary punishment and / or termination of contract and / or legal proceedings and / or criminal prosecution.
5.		I undertake to report to the school <b>within 30 days</b> any changes of my marital status and family particulars that might affect my entitlement to the Medical Allowance.
6.		I undertake to inform you and to cease drawing the Medical Allowance immediately once I and/or my spouse begin(s) to receive any form of medical benefits in cash or in kind under my / my spouse's terms of employment with an employer.
7.		I agree to repay the Government immediately if any overpayment of fringe benefits under the NET Scheme is made. The Government reserves the right to deduct from my Salaries and recover from my accrued benefits derived from voluntary contributions under any provident fund scheme any amount that it may have overpaid me, together with the interest accrued on such amount, as appropriate, from the date on which the overpayment was made to the date of deduction/the date that the amount is recovered, and all costs and expenses incurred in recovery. I also agree that the Government may set-off any sums due from me against any sums due to me.
8.		My / Our* consent is hereby given to the EDB, in assessing my eligibility for the fringe benefits under the NET Scheme, to check and match my / our* personal data relating to this application (including but not limited to the personal data given on this application form and other relevant documents submitted) with my / our* personal data collected for any other purpose (whether it is by manual means). I / We* hereby authorise the EDB to approach other government departments, public/private organisations, or employer(s), landlord(s) or solicitor(s) concerned and expressly agree that they may give access to the EDB my / our* personal data they possess, so that the EDB can use such data for the purpose of processing my application, ascertaining my compliance with the rules of the NET Scheme and/or taking appropriate actions against me/us* if necessary
9.		I / We* agree that my / our* personal data relating to this application (including but not limited to the personal data given on this application form and other relevant documents submitted) can be used by the EDB in activities relating to the administration of the fringe benefits under the NET Scheme and may be disclosed to other connected bodies for such purposes.
10.		I understand that it will not be possible to process my application if I fail to provide the information requested.
11.		I / $We*$ have read, understand and agree to the Personal Information Collection Statement in the Appendix of this application form.

S	ignature of applicant:		Date:
F	ull name of applicant	:	
	•	(Given names)	(Surname)
	signature of spouse:		Date:
F	Full name of spouse:	(Given names)	(Surname)
	ion 4: Certification ndary section only)	by Applicant's School (to	o be completed by aided schools/special schools with
	Secretary for Educat [Attn: NET Adminis Room W304, 3/F, W	tration Team, Education Bu	reau] Tong Education Services Centre,
1.	(a) is appointed as Schools in my renewed/appoin	a Native-speaking English school from	Teacher under the Enhanced NET Scheme in Secondary to (For the contract nded, the previous appointment/extension contract period);
	<ul><li>(b) is eligible for re</li><li>(c) have applied h</li></ul>	imbursement of medical insur have not applied* for rei	rance premium payment at the <b>single / married</b> * rate; and mbursement of medical insurance premium payment for ear as specified in paragraph 1 of Section 3.
2.		_ to** in	insurance premium payment for the period from the amount of HK\$ (Please specify ved. I should be grateful if you would arrange the payment.
	reimbursement of the amount specified in a period from 1.10.2013	e medical insurance premium the contract. For example, it to 30.9.2014 but the NET's co	ns before or extends beyond the NET's contract period, m will be made on a pro-rata basis, up to the maximum of the insurance premium costing HK\$1,500 covers an insured contract expires on 15.8.2014, the amount to be reimbursed will for the period from 1.10.2013 to 15.8.2014.
3.	I certify that relevan	at receipts have been sighted	l by me and are kept in the school for record purpose.
Sign	ature of supervisor/pr	rincipal*:	Date:
Nam	ne of supervisor/princ	pal*: <u>Mr./Mrs./Ms./Mi</u>	iss.*
Nam	ne of school:		(School code: )
Scho	ool address:		
		y: Mr./Mrs./Ms./Miss.*	Tel. no.:
Post	of contact person:		

## Section 5: Certification by Applicant's School (to be completed and retained by caput schools)

1.	I cer	tify that the a	applicant				(Full name):
	(a)						ET Scheme in Secondary
						(F	
			pointment contra			revious appointment	extension contract period
	(b)					um payment at the sin	gle / married * rate; and
	(c)						nce premium payment for
		the	/	sch	ool year as spec	fied in paragraph 1 o	of Section 3.
2.							nt for the period from (Please specify
	the c	currency if no	ot in Hong Kong	Dollars)	is approved.		
3.	I cer	rtify that rele	vant receipts ha	ve been si	ighted by me and	d are kept in the scho	ool for record purpose.
Sig	gnatur	e of superviso	or/principal*:			Date:	
Na	me of	supervisor/p	rincipal*:				
Na	me of	school:					
114	1110 01	benoon.					
Sect	tion 6	: Certification	on by the NET A	Administ	ration Team, tl	e Education Bureau	1
I	confi	rm that				(Full n	ame of the NET) has
							ame of the NET) has and he/she is entitled to
a	lready eceive	y established e the re	that his/her norr imbursement	nal place of Me	of residence as edical Insurar	outside Hong Kong acc Premium in	and he/she is entitled to the amount of
a	lready eceive	y established e the re	that his/her norr imbursement	nal place of Me	of residence as edical Insurar	outside Hong Kong	and he/she is entitled to the amount of
a	lready eceive	y established e the re	that his/her norr imbursement	nal place of Me	of residence as edical Insurar ify the currency	outside Hong Kong acc Premium in	and he/she is entitled to the amount of
a	lready eceive	y established e the re	that his/her norr imbursement	nal place of Me	of residence as edical Insurar	outside Hong Kong acc Premium in	and he/she is entitled to the amount of
a	lready eceive	y established e the re	that his/her norr imbursement	nal place of Me	of residence as edical Insurar ify the currency	outside Hong Kong acc Premium in	and he/she is entitled to the amount of
a	lready eceive	y established e the re	that his/her norr imbursement	nal place of Me	of residence as edical Insurar ify the currency  Signature:  Name:  Post:	outside Hong Kong acc Premium in	and he/she is entitled to the amount of
a	lready eceive	y established e the re	that his/her norr imbursement	nal place of Me	of residence as edical Insurar ify the currency  Signature:  Name:	outside Hong Kong acc Premium in	and he/she is entitled to the amount of
a	lready eceive	y established e the re	that his/her norr imbursement	nal place of Me	of residence as edical Insurar ify the currency  Signature:  Name:  Post:	outside Hong Kong acc Premium in	and he/she is entitled to the amount of
a	lready eceive	y established e the re	that his/her norr imbursement	nal place of Me	of residence as edical Insurar ify the currency  Signature:  Name:  Post:	outside Hong Kong acc Premium in	and he/she is entitled to the amount of
a r	lready	y established e the re	that his/her norr imbursement (pl	mal place of Me ease spec	of residence as edical Insurar ify the currency  Signature:  Name:  Post:  Date:	outside Hong Kong acc Premium in	and he/she is entitled to the amount of dollars).
a r	lready eceive	y established e the re	that his/her norrimbursement (pl	nal place of Me ease spec	of residence as edical Insurar ify the currency  Signature:  Name:  Post:  Date:	outside Hong Kong and the Premium in it is in Hong Kong to the the thick the	and he/she is entitled to the amount of dollars).
a r	lready eceive	y established e the re	that his/her norr imbursement (pl	nal place of Me ease spec	of residence as edical Insurar ify the currency  Signature: Name: Post: Date:	outside Hong Kong ace Premium in if not in Hong Kong	and he/she is entitled to the amount of dollars).  Bureau
a r	lready eceive	y established e the re	that his/her norrimbursement (pl	nal place of Me ease spec	of residence as edical Insurar ify the currency  Signature: Name: Post: Date:	outside Hong Kong and the Premium in it is in Hong Kong to the the thick the	and he/she is entitled to the amount of dollars).  Bureau
a r	lready eceive	y established e the re	that his/her norrimbursement (pl	nal place of Me ease spec	of residence as edical Insurar ify the currency  Signature: Name: Post: Date:	outside Hong Kong and the Premium in it is in Hong Kong to the the thick the	and he/she is entitled to the amount of dollars).  Bureau
a r	lready eceive	y established e the re	that his/her norrimbursement (pl	nal place of Me ease spec	of residence as edical Insurar ify the currency  Signature: Name: Post: Date:	outside Hong Kong and the Premium in it is in Hong Kong to the the thick the	and he/she is entitled to the amount of dollars).  Bureau

#### Enhanced Native-speaking English Teacher (NET) Scheme in Secondary Schools Application for Reimbursement of Medical Insurance Premium Payment 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 employment-related matters including appointments, training and career developments, remuneration and benefits, staff relation, communications and compliance with procedures;
  - (b) Activities relating to matching of the personal data with the database of relevant Government bureaux / departments in connection with the processing, authentication and counter-checking of employment-related matters 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, and
  - (d) Activities relating to compilation of statistics, research and Government publications.
- 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 form.

#### 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) personnel, agent, service provider or organisations engaged by EDB to provide services or advice 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 the Controlling Officer (Data Protection) at 15/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong or email to edbinfo@edb.gov.hk.

## Enhanced Native-speaking English Teacher (NET) Scheme in Secondary Schools Application for Advance of Salary

No	otes:	
1. 2.	Only the ORIGINAL copy of the form and any subsequent amendments will be acceptease ensure that sufficient postage is paid to avoid unsuccessful delivery of application and items will be disposed of by the Hongkong Post.	<del>-</del>
<u> </u>		* Delete as appropriate
PA	ART I (To be completed by the NET)	
To	o: Supervisor/Principal of	(School)
1.	I wish to apply for an advance of salary in the amount of HK\$	. My basic salary is
2.	I do hereby abide by the following conditions:  (a) that I agree to repay the advanced salary by six equal monthly instal the month following that in which I receive the advance;  (b) that all the repayments shall be deducted from my monthly salaries; and (c) that if for any reason, my employment ceases with the school, I unde the sum outstanding which may be deducted by the school from any for to my estate and in the event that the deduction is insufficient to concept the lump sum of the remaining outstanding amount immediately  I confirm that I have read and understood the EDB Circular No. 9/2009 Completing NET-Forms A-E and the stipulations related to advance of sa on the Terms and Conditions of Service.	d rtake to pay immediately urther sums due to me or wer the repayment, I will including the Notes for
	Signature of NET: Date:	
	Hong Kong Identity Card Number:	_
	Full name of NET:  (Given names)  (Surname)  ART II (To be completed by aided schools/special schools with secondary section of Secretary for Education  [Attn: NET Administration Team, Education Bureau]  Room W304, 3/F, West Block, EDB Kowloon Tong Education Services Centre,	,
	19 Suffolk Road, Kowloon Tong, Kowloon	
1.	I certify that the applicant to; and (a) employed in my school from to; and (b) on first appointment as a Native-speaking English Teacher under the Er Secondary Schools.	
2.	•	e grateful if you would
3.		each with effect
Sig	gnature of supervisor/principal*:	Date:
	ame of supervisor/principal*: Mr./Mrs./Ms./Miss.*	
	ame of school:	
	chool address:	
50.		:
Co	ontact person for enquiry: Mr./Mrs./Ms./Miss.* Tel. no.	
		·
10	ost of contact person:	

## PART III (To be completed and retained by caput schools)

on first appointment as a Secondary Schools.  The grant of a salary advance of Schools.	, ,	acher under the Enhanced NET Scheme in
Secondary Schools.  The grant of a salary advance of 1	, ,	
•	HK\$ is appr	roved
		ioved.
epayment in six equal monthly (month/ye		each should be effected from
ure of supervisor/principal*:		Date:
of supervisor/principal*:	Mr./Mrs./Ms./Miss.*	
of school:		
-	, in the second	
•	ce payment is HK\$	with the due date on
epayment will be effected from		
ure:		Date:
		Post:
	of supervisor/principal*:  of school:  V (To be completed by the Ferrisor/Principal of	of supervisor/principal*:  Mr./Mrs./Ms./Miss.*  Of school:  W (To be completed by the Funds Section, the Education ervisor/Principal of

**END** 

## Enhanced Native-speaking English Teacher (NET) Scheme in Secondary Schools Application for Advance of Salary 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 employment-related matters including appointments, training and career developments, remuneration and benefits, staff relation, communications and compliance with procedures;
  - (b) Activities relating to matching of the personal data with the database of relevant Government bureaux / departments in connection with the processing, authentication and counter-checking of employment-related matters 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, and
  - (d) Activities relating to compilation of statistics, research and Government publications.
- 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 form.

#### 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) personnel, agent, service provider or organisations engaged by EDB to provide services or advice 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 the Controlling Officer (Data Protection) at 15/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong or email to edbinfo@edb.gov.hk.