# **Education Bureau Circular No. 8/2009**

From : Secretary for Education	To : Supervisors/Heads of all aided primary schools, special schools with a primary section
Ref. : EDB(NET ADM)/PNET/1/8	c.c. : Supervisors/Heads of all private primary schools/DSS schools, Heads of Sections/Government primary schools

# Native-speaking English Teacher (NET) Scheme in Primary Schools

# **Payment of Fringe Benefits**

# SUMMARY

This circular aims to update the details on how to assess the eligibility of the Nativespeaking 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 NET Scheme in Primary Schools and the procedure of processing the applications for such benefits. This circular supersedes the Education and Manpower Bureau Circular Memorandum No. 197/2004 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 NET Scheme in Primary Schools 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 PNET-Form A to their schools for consideration. The NET is required to provide supplementary information by completing PNET-Form A (Annex). The school should send the completed PNET-Form A and PNET-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 NET Scheme in Primary Schools 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 primary schools:

PNET-Form A	-	Declaration on Normal Place of Residence
PNET-Form B	-	Application for Special Allowance
PNET-Form C	-	Application for Reimbursement of Passages/Baggage Allowance
PNET-Form D	-	Application for Reimbursement of Medical Insurance Premium
		Payment
PNET-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

#### Native-speaking English Teacher (NET) Scheme in Primary 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 PNET-Form A and PNET-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.

*Please insert a*  $\checkmark$  *in the appropriate box* \* Delete as appropriate To: Supervisor/Principal of \_\_\_\_\_ (School) 1. I declare that: (a) I possess permanent resident status in \_\_\_\_\_(Name of country). My social ties are outside Hong Kong. (b) (c) I have resided outside Hong Kong continuously for at least 5 years immediately before taking up an appointment under the NET Scheme in a primary school in Hong Kong (if applicable). I am single. 2. I am 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 is / is not \* employed under the Enhanced NET Scheme in Secondary Schools or the NET Scheme in Primary Schools. If the answer is in the affirmative, please provide the employment details of your spouse as specified below: Name of school: Contract period: from to 3. (a) For new NETs I declare that my normal place of residence has not been established outside Hong Kong. In support of the above claim of my normal place of residence outside Hong Kong, supplementary information is provided in PNET-Form A (Annex) and supporting documents are attached. (b) For serving NETs I declare that my normal place of residence has been established outside Hong Kong. There are no changes on my personal or family particulars.

- I declare that my normal place of residence has been established outside Hong Kong. My updated personal or family particulars are provided in PNET-Form A and/or PNET-Form A (Annex) and supporting documents are attached.
- I declare that my normal place of residence has not been established outside Hong Kong. In support of the above claim of my normal place of residence outside Hong Kong, supplementary information is provided in PNET-Form A (Annex) and supporting documents are attached.

#### PART I (To be completed by the NET)

4. I declare that the above information is complete and correct. I confirm that I have read and understood the EDB Circular No. 8/2009 including the Notes for Completing PNET-Forms A-E. I understand that if I give any false or incorrect information, I shall render myself liable to disciplinary/legal proceedings and disqualification from receiving the fringe benefits provided under the NET Scheme in Primary Schools.

Signature of NET:			
Full name of NET:			
	(Given names)	(Surname)	

#### PART II (To be completed by the school)

- To: 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
- 2. I have checked that the NET has:
  - (a) completed Part I and/or Annex of the PNET-Form A; and
  - (b) submitted the required supporting documents, if applicable, as listed in the attached checklist.
- 3. I have checked the documents provided by the NET in support of his/her declaration in Part I above and found the information correct. It is considered that:
  - the NET's normal place of residence is outside Hong Kong. He/She is eligible to apply for the fringe benefits provided under the NET Scheme in Primary Schools for appointees whose normal place of residence is outside Hong Kong.
  - the NET's normal place of residence is not outside Hong Kong. He/She is therefore not eligible for the fringe benefits provided under the NET Scheme in Primary Schools for appointees whose normal place of residence is outside Hong Kong.
- 4. The application and copies of relevant documents certified by the school in support of the NET's application are forwarded herewith for your consideration.

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

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

To:	o: Supervisor/Principal of _	(School)
	1 1	

Re:	(Full name of the NET)
	There is no objection to the NET's claim that his/her normal place of residence is outside Hong Kong. He/She is eligible to apply for the fringe benefits provided under the NET Scheme in Primary Schools for the appointees whose normal place of residence is outside Hong Kong.
	It is considered that the NET's normal place of residence is <b>not</b> outside Hong Kong. He/She is therefore <b>not</b> eligible for the fringe benefits provided under the NET Scheme in Primary Schools for appointees whose normal place of residence is outside Hong Kong.

Please advise the NET of the above result accordingly.

Signature:	
Name:	
Post:	
Date:	

c.c.: SSDO( ) - for information Recurrent Subventions Section/Funds Section - for records

PNET-Form A (Annex)

(revised 8/2022)

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

\* Delete as appropriate

1.	Full name of app	licant: Mr./Mrs	s./Ms./Miss.*			
			((	Given names)		(Surname)
2.	Place of birth:			3.Nationality/	Nationalities h	eld:
4.	Hong Kong Iden	tity Card number:				
				(Mandatory to	o be provided o	once available)
5.	Holder of Hong I	Kong Permanent I	dentity Card:		Yes	/ No *
6.	Full name of spo	use: Mr./Mrs	s./Ms.*			
						eld:
	Holder of Hong I	Kong Permanent I	dentity Card:		Yes	/ No *
7.	. Residence <b>outside Hong Kong</b> since birth (in chronological order) (periods of excursion visits sh excluded)			of excursion visits should be		
	From (mm/yyyy)	To (mm/yyyy)	Place of	residence		Purpose
8.	Period(s) of resid	lence in Hong Ko	ong since birth	(in chronologic	al order)	
	From	То	0		de the name of	f employer(s) in case of
	(mm/yyyy)	(mm/yyyy)			employment)	

#### 9. Particulars of children

	Full name	Date of birth (dd/mm/yyyy)	Place of birth
Ī			
Γ			
Ī			

#### Details of house(s), flat(s) or business owned, in Hong Kong or overseas, including address (documentary 10. evidence of ownership must be produced)

(a)		
(b)		
Full name of father:		

11. Full name of father:

His place of birth:

His present address:

His nationality:

\_\_\_\_\_

\_\_\_\_

#### PNET-Form A (Annex) (revised 8/2022)

12.	2. Full name of mother:				
	Her place	of birth:			Her nationality:
	Her preser	nt address:			
		-			
13.	Details of	parents' empl	oyment in	Hong Kong, if any	
		From	n	То	Name and address of employer(s)
	Father				
	Mother				
14.	Full name	of spouse's fa	ther:		
	His place of	of birth:			His nationality:
	His presen	t address:			
15.	Full name	of spouse's m	other:		
	Her place	of birth:			Her nationality:
	Her preser	nt address:			
	-				

16. Particulars of brother(s)/sister(s)

Full name	Place of birth	Present address

17. Particulars of close relative(s) residing in Hong Kong

Full name	Relationship with you		

18. If members of your family (e.g. parents, brothers, sisters) have emigrated overseas, please give details (documentary evidence must be produced, if required):

Relationship with you	Date of emigration	Country

19. Where do you consider your normal place of residence? (Please give reasons if your normal place of residence is outside Hong Kong.)

- 20. If you consider that your normal place of residence is outside Hong Kong, please give reasons for coming to Hong Kong:
- 21. If you consider your social ties are in places other than Hong Kong, please give reasons:

22. If you are employed on terms which do not provide for your periodically visiting or revisiting your normal place of residence, do you consider that such employment represents a material degree of dislocation or uprooting from the environment to which you belong? If the answer is in the affirmative, please give reasons:

- 23. If you wish to provide further information about yourself and your family, please use the space below:
- 24. I understand that if I wilfully give any false information or withhold any material information, I shall render myself liable to dismissal if I have been appointed to the post under the NET Scheme in Primary Schools.

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

# Native-speaking English Teacher (NET) Scheme in Primary 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 employmentrelated 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.

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

<b>Not</b> 1.	s: 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 nail items will be disposed of by the Hongkong Post.
Plea	e insert a $\checkmark$ in the appropriate box * Delete as appropriate
Sect	on 1: Personal Particulars
1.	Full name of applicant:       Mr./Mrs./Ms./Miss.*         (Given names)       (Surname)
2.	Nationality/Nationalities held:       3. Passport number:
<i>2</i> . 4.	Hong Kong Identity Card number:
	(Mandatory to be provided once available)
5.	Marital status: single separated widowed divorced
	married, accompanied by spouse married, unaccompanied by spouse
6.	Full name of spouse:       Mr./Mrs./Ms./Miss.*         (Given names)       (Surname)
7.	
7. 9.	
9.	Hong Kong Identity Card number:(Mandatory to be provided once available)
10.	Spouse's occupation:
11.	Spouse's employer:
Sect	on 2: Details of Residence
1.	Residential address:
2.	Housing benefits (in cash or in kind) currently received by me / spouse: Yes Public Rental Housing Home Ownership Scheme Home Purchase Loan Staff Quarters Others (please specify):

3. I enclose herewith the original or a copy of my proof of address issued within the last three months.

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

To: Supervisor/Principal of

- 1. I hereby apply for Special Allowance for Native-speaking English Teachers employed under the NET Scheme in Primary Schools.
- 2. I confirm that I have read and understood the EDB Circular No. 8/2009 including the Notes for Completing PNET-Forms A-E and the stipulations related to Special Allowance in the Memorandum on the Terms and Conditions of Service. I agree to abide by the provisions of the Special Allowance for Native-speaking English Teachers employed under the NET Scheme in Primary Schools.
- 3. I / I and my spouse\* declare that I am / we are\* not receiving any housing benefits in cash or in kind under my / my spouse's terms of employment with the Government, any Publicly-funded Organization or other sources to rent or acquire accommodation in Hong Kong.
- 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 **within 30 days** any changes of my marital status and family particulars that might affect my entitlement to the Special Allowance.
- 6. I undertake to inform you and to cease drawing the Special Allowance immediately once I and/or my spouse begin(s) to receive any form of housing benefits in cash or in kind under my / my spouse's terms of employment with an employer.
- 7. I agree to repay the Governemnt 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.

Signature of applicant	t:	Date:	
Full name of applican	t:		
	(Given names)	(Surname)	
Signature of spouse:		Date:	
Full name of spouse:			
	(Given names)	(Surname)	

PNET-Form B

To :		cretary for Education			
			n Team, Education Bureau] Block, EDB Kowloon Tong Edu	ucation Services Centre	2.
		Suffolk Road, Kowloo			- ,
1.	I cer	rtify that the applicant			(Full name) is:
	(a)	school from	e-speaking English Teacher un to		(For the contract
			contract period extended, the to		extension contract period
	(b)		of Special Allowance in the an		
			"s contract with effect from		_ (i.e. the date when the
		appointment/extension	n contract period starts).		
Signat	ure o	of supervisor/principal*	:		Date:
			Mr./Mrs./Ms./Miss.*		
Name	of sc	chool:			(School code:)
Schoo	l add	ress:			
				Fax no.:	
Conta	ct pei	rson for enquiry: <u>Mr./N</u>	/Irs./Ms./Miss.*	Tel. no.:	
Post o	f con	tact person:			
Sectio	on 5:	Certification by the N	ET Administration Team, th	ne Education Bureau	
Ι	confi	irm that		(Full n	name of the NET) has

		(Full hame of the NET) has
already established that his/her normal place receive the Special Allowance.	of residence is	outside Hong Kong and he/she is entitled to
	Signature:	
	Name:	
	Post :	
	Date:	
	-	

# Section 6: For Official Use of the Funds Section, the Education Bureau

Received on	Input Prepared by	Date	Checked by	Date

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# Native-speaking English Teacher (NET) Scheme in Primary 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.

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

#### Notes:

- 1. 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.
- 2. Only the ORIGINAL copy of the form and any subsequent amendments will be accepted.
- 3. 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.
- 4. Please ensure 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*  $\checkmark$  *in the appropriate box* 

\* Delete as appropriate

#### Part I (To be completed by the NET)

To: Supervisor/Principal of \_\_\_\_\_

(School)

1. Particulars of NET and family members

	Name in full	Date of birth (dd/mm/yyyy)
(a) Myself		
(b) My spouse		
(c) My child(ren) who		
is/are unmarried and		
under the age of 18		

2.

I hereby apply for reimbursement of SINGLE passage and submit the receipt(s) /and boarding pass(es) for reimbursement of air fares as shown below.

Destinations declared for this application: From to

Air passage taken/to be taken and amount claimed for:

	Direct/indirect	Commencement	Completion of	Actual expenses**	Amount claimed#
	route	of the journey on	the journey on	(Please specify the	(Please specify the
		(dd/mm/yyyy)	(dd/mm/yyyy)	currency)	currency)
(a) Myself	direct/indirect *				
(b) My spouse	direct/indirect *				
(c) My	direct/indirect *				
child(ren)	direct/indirect *				
	direct/indirect *				
			TOTAL		

I hereby apply for reimbursement of RETURN passage and submit the receipt(s) /and boarding 3. pass(es) for reimbursement of air fares as shown below.

Destinations declared for this application: Between and

Air passage taken/to be taken and amount claimed for:

	Direct/indirect	Commencement	Completion of	Actual expenses**	Amount claimed
	route	of the journey on	the journey on	(Please specify the	(Please specify the
		(dd/mm/yyyy)	(dd/mm/yyyy)	currency)	currency)
(a) Myself	direct/indirect *				
(b) My spouse	direct/indirect *				
(c) My	direct/indirect *				
child(ren)	direct/indirect *				
	direct/indirect *				
			TOTAL		

\*\* The actual expenses are the actual costs of the air tickets including airport tax as shown on the receipt, net of any other expenses such as accommodation.

# If the applicant is entitled only for single passage(s) but bought return ticket(s), the amount claimed should be 50% of the airfare. 1

4.				mbursement of bagg otal of		and submit the receipts/invoice of my (please specify the currency).
		I declare that the	his bagga t no bagg			pointment under the NET Schemes and I r any subsequent appointment under the
		I declare that Schemes, be it	this bag the first nother er	appointment or any	e upon complet subsequent app	tion of an appointment under the NET pointment under the NET Schemes, and I er the Schemes' purview (i.e. government
5.		I am single.				
		I am married an	nd my sp	ouse' particulars are	provided as foll	low:
		Full name	of my sp	oouse:		
		Hong Kor	ng Identit	y Card Number (if a	<i>ny</i> ):	
		NET Sche	eme in Se	econdary Schools or	the NET Scher	/ is not * employed under the Enhanced ne in Primary Schools. If the answer is ils of your spouse as specified below:
		Name of s	school:			
		Contract p	period:	from	t	0
6.		claimed and th from my emp	at I and r loyment	ny family are not rec	eiving any dout 1 my spouse's	the passage / and baggage* allowance ble passage / and baggage* benefit arising employment. I undertake to notify the s information.
7.		Completing P	NET-For		tipulations rela	ular No. 8/2009 including the Notes for ted to passage allowance and baggage is of Service.
	C: are a	torus of NET.			٦	
	U U	ture of NET:		1	Da	ate:
	Hong	Kong Identity C	Card Num		Mandatorv to b	e provided once available)
	Full n	ame of NET:		(		
			(Given	names)	(Sur	rname)

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

- To: 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 is:
  - (a) appointed as a Native-speaking English Teacher under the NET Scheme in Primary Schools in my school from \_\_\_\_\_\_ to \_\_\_\_\_. (For the contract renewed/appointment contract period extended, the previous appointment/extension contract period was from \_\_\_\_\_\_ to \_\_\_\_\_\_.); and
  - (b) eligible for the grant of the following:
    - passage allowance [please complete para. 2 below]
    - in-bound to Hong Kong baggage allowance [please complete para. 3 below]
    - out-bound to country of origin baggage allowance [please complete para. 4 below]
- 2. (a) Details of the passage(s) and amount of allowance claimed as shown in Part I para. 2/para. 3 above have been checked and found:
  - correct.

incorrect and amended in red.

(b) \_\_\_\_\_ nos. of quotation(s) of economy class air passage by the most direct route have been obtained by the school on \_\_\_\_\_\_ (date).

Quotation information is attached.

(c) Quotation of economy class air passage by the most direct route obtained by the school:

Name of Airline:

	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 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.

- 3. I certify that the applicant is entitled to an in-bound to Hong Kong baggage allowance at the **single / married\*** rate. The amount to be reimbursed is \_\_\_\_\_\_ (please specify the currency).
- 4. I certify that the applicant is entitled to an out-bound to country of origin baggage allowance at the **single / married\*** rate. The amount to be reimbursed is \_\_\_\_\_\_ (please specify the currency).
- 5. I certify that relevant receipt(s)/invoice(s)/boarding pass(es) have been sighted by me and are kept in the school for record purpose. I should be grateful if you would arrange the payment.

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

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

I confirm that(Full name of the NET) h already established that his/her normal place of residence as outside Hong Kong and he/she is entitled receive the Passage/Baggage Allowance (please specify currency if not in Hong Kong Dollar) as follows:	to		
(a) Passage Allowance:			
(b) In-bound to Hong Kong Baggage Allowance:			
(c) Out-bound to Country of Origin Baggage Allowance:			
Signature:			
Name:			
Post :			
Date:			

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

Received on	Input Prepared by	Date	Checked by	Date

# Native-speaking English Teacher (NET) Scheme in Primary 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 employmentrelated 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.

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

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	tes:	the ODICINAL	mu of the f			
1. 2.		the ORIGINAL co e ensure that suffi			uccessful delivery of a	oplication. Any underpaid
2.		items will be dispo			uccessful actively of a <sub>f</sub>	prication. They anacepute
Ple	ase ins	sert a 🖌 the appro	priate box			*Delete as appropriate
Sec	tion 1	: Personal Partic	ulars			
		· · · · · · · · · · · · · · · · · · ·				
1.	Full	name of applicant	t: Mr./Mrs./M			
_				(Given 1		(Surname)
2.		onality/Nationaliti			3. Passport numl	ber:
4.	Hon	g Kong Identity C	ard number:	() /	1, , 1 , 1 1	.1.1.1
		r			latory to be provided of	
5.	Mar	ital status:	single	separated	widowed	divorced
		Γ	married, ac	ccompanied by spo	use 🗌 married, una	accompanied by spouse
		L		1 1		
6.	Full	name of spouse:	Mr./Mrs./M	Ms./Miss.*		
		•		(Given 1	names)	(Surname)
7.	Nati	onality/Nationaliti	ies held:		8. Passport numl	ber:
9.	Hon	g Kong Identity C	ard number:			
			-	(Mana	latory to be provided of	nce available)
10.	Spoi	use's occupation:				
101	Spor		-			
11.	Spoi	use's employer:				
5	tion 7	· Dotoilg of Ingur	once Deliev			
Sec	cuon 2	: Details of Insur	ance Policy			
1.	Deta	ails of the insurance	ce policy			
	(a)	Name of the Insu	arance Compar	ny:		
	(b)	Details of family	members in H	Iong Kong insured		
			Name		Relationship	Date of birth
		1.			Husband/Wife*	(dd/mm/yyyy)
		2.				
		3.				
		4.				
	(c)	· ·	·	covered by the polic	•	
					D D	
		4. From		(dd/mm/vvvv) to	)	(dd/mm/vvvv)

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.)

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

To: Supervisor/Principal of \_\_\_\_\_\_ (School)

- 1. I hereby apply for the reimbursement of medical insurance premium payment for **myself** / **and my family member(s)**\* included in Section 2 for the \_\_\_\_\_\_ school year.
- 2. I confirm that I have read and understood the EDB Circular No. 8/2009 including the Notes for Completing PNET-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 NET Scheme in Primary 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 **within 30 days** 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 Governemnt 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.

PNET – Form D (revised 8/2022)

Signature of applicant	:	Date:	
Full name of applicant	t:		
	(Given names)	(Surname)	
Signature of spouse:		Date:	
Full name of spouse:			
I I I I I I I I I I I I I I I I I I I	(Given names)	(Surname)	

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

 To: 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.

- (b) is eligible for reimbursement of medical insurance premium payment at the **single / married** \* rate; and
- (c) **have applied / have not applied**\* for reimbursement of medical insurance premium payment for the \_\_\_\_\_\_ school year as specified in paragraph 1 of Section 3.
- 2. The grant of reimbursement of medical insurance premium payment for the period from \_\_\_\_\_\_\_ to \_\_\_\_\_\_\*\* in the amount of HK\$\_\_\_\_\_\_ (Please specify the currency if not in Hong Kong Dollars) is approved. I should be grateful if you would arrange the payment.

\*\*If the coverage period of the insurance begins before or extends beyond the NET's contract period, reimbursement of the medical insurance premium will be made on a pro-rata basis, up to the maximum amount specified in the contract. For example, if the insurance premium costing HK\$1,500 covers an insured period from 1.10.2013 to 30.9.2014 but the NET's contract expires on 15.8.2014, the amount to be reimbursed will be HK\$1,310.96 (HK\$1500  $\div$  365 days  $\times$  319 days) for the period from 1.10.2013 to 15.8.2014.

#### 3. I certify that relevant receipts have been sighted by me and are kept in the school for record purpose.

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

# Section 5: Certification by the NET Administration Team, the Education Bureau

I confirm already es receive of		of	Medical		Hong Kong a Premium	in t	,
			Signatur	re:			
			Name:	_			
			Post :				
			Date:				

# Section 6: For Official Use of the Recurrent Subventions Section, the Education Bureau

<b>Received</b> on	Input Prepared by	Date	Checked by	Date

# Native-speaking English Teacher (NET) Scheme in Primary 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 employmentrelated 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.

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

No	otes:		
1. 2.		nderpaid	
ПА	* Delete as ap	propriate	
	ART I (To be completed by the NET)	1 1\	
		hool)	
1.	HK\$ per month.	onth.	
2.	<ul> <li>I do hereby abide by the following conditions:</li> <li>(a) that I agree to repay the advanced salary by six equal monthly instalments commencing from the month following that in which I receive the advance;</li> <li>(b) that all the repayments shall be deducted from my monthly salaries; and</li> <li>(c) that if for any reason, my employment ceases with the school, I undertake to pay immediately the sum outstanding which may be deducted by the school from any further sums due to me or to my estate and in the event that the deduction is insufficient to cover the repayment, I will repay the lump sum of the remaining outstanding amount immediately.</li> </ul>		
3.	I confirm that I have read and understood the EDB Circular No. 8/2009 including the Notes a Completing PNET-Forms A-E and the stipulations related to advance of salary in the Memorandu on the Terms and Conditions of Service.		
	Signature of NET: Date:		
	Hong Kong Identity Card Number:		
	(Mandatory to be provided once available)		
	Full name of NET: (Given names) (Surname)		
PA	ART II (To be completed by aided schools/special schools with primary section only)		
То	<ul> <li>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     </li> </ul>		
1.		name) is:	
	<ul> <li>(a) employed in my school from to; and</li> <li>(b) on first appointment as a Native-speaking English Teacher under the NET Scheme in Schools.</li> </ul>	·	
2.	The grant of a salary advance of HK\$ is approved. I should be grateful if yo arrange the payment.	ou would	
3.	Please recover the advance by six equal monthly instalments of HK\$ each wi from (month/year).	th effect	
Signature of supervisor/principal*: Date:			
	ame of supervisor/principal*: Mr./Mrs./Mss.*		
Na	Tame of school: (School code	:)	
	chool address:		
	Fax no.:		
Co	ontact person for enquiry: Mr./Mrs./Miss.* Tel. no.:		
	ost of contact person:		

# PART III (To be completed by the Funds Section, the Education Bureau)

(School)
yment is HK\$ with the due date on
in 6 monthly instalments (i.e equal and the last instalment of HK\$).
Date:
Post:

# Native-speaking English Teacher (NET) Scheme in Primary 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 employmentrelated 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

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- (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.

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