

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.

Please insert a ✓ in the appropriate box

* Delete as appropriate

PART I (To be completed by the NET)

To: Supervisor/Principal of _____ (School)

1. I declare 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 immediately before taking up an appointment under the NET Scheme in a secondary school in Hong Kong (if applicable).

2. I am single.

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 NET-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 NET-Form A and/or NET-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 NET-Form A (Annex) and supporting documents are attached.

4. I declare that the above information is complete and correct. I confirm that I have read and understood the EDB Circular No. 9/2009 including the Notes for Completing NET-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 Enhanced NET Scheme in Secondary Schools.

Signature of NET: _____ Date: _____

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

- I certify that _____ (Full name of the NET) is appointed under the Enhanced NET Scheme in Secondary Schools in my school from _____ to _____.
- I have checked that the NET has:
 - completed Part I and/or Annex of the NET-Form A; and
 - submitted the required supporting documents, if applicable, as listed in the attached checklist.
- 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 Enhanced NET Scheme in Secondary 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 Enhanced NET Scheme in Secondary Schools for appointees whose normal place of residence is outside Hong Kong.
- 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./Mrs./Ms./Miss.* Tel. no.: _____

Post 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)

- 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 Enhanced NET Scheme in Secondary 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 **not** outside Hong Kong. He/She is therefore **not** eligible for the fringe benefits provided under the Enhanced NET Scheme in Secondary 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

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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 applicant: Mr./Mrs./Ms./Miss.*
(Given names) (Surname)

2. Place of birth: _____ 3. Nationality/Nationalities held: _____

4. Hong Kong Identity Card number: _____
(Mandatory to be provided once available)

5. Holder of Hong Kong Permanent Identity Card: _____ Yes / No *

6. Full name of spouse: Mr./Mrs./Ms.*

Place of birth: _____ Nationality/Nationalities held: _____

Holder of Hong Kong Permanent Identity Card: _____ Yes / No *

7. Residence **outside Hong Kong** since birth (in chronological order) (periods of excursion visits should be excluded)

From (mm/yyyy)	To (mm/yyyy)	Place of residence	Purpose

8. Period(s) of residence **in Hong Kong** since birth (in chronological order)

From (mm/yyyy)	To (mm/yyyy)	Purpose (Please provide the name of employer(s) in case of employment)

9. Particulars of children

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

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

(a)
(b)

11. Full name of father: _____

His place of birth: _____ His nationality: _____

His present address: _____

12. Full name of mother: _____
 Her place of birth: _____ Her nationality: _____
 Her present address: _____

13. Details of parents' employment in Hong Kong, if any

	From	To	Name and address of employer(s)
Father			
Mother			

14. Full name of spouse's father: _____
 His place of birth: _____ His nationality: _____
 His present address: _____

15. Full name of spouse's mother: _____
 Her place of birth: _____ Her nationality: _____
 Her present 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 Enhanced NET Scheme in Secondary 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 ✓ 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 outside Hong Kong 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

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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.

**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.

Please insert a ✓ in the appropriate box

* Delete as appropriate

Section 1: Personal Particulars

1. Full name of applicant: Mr./Mrs./Ms./Miss.*
(Given names) (Surname)
2. Nationality/Nationalities held: _____ 3. Passport number: _____
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. Nationality/Nationalities held: _____ 8. Passport number: _____
9. Hong Kong Identity Card number: _____
(Mandatory to be provided once available)
10. Spouse's occupation: _____
11. Spouse's employer: _____

Section 2: Details of Residence

1. Residential address: _____

2. Housing benefits (in cash or in kind) currently received by me / spouse : No
 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 _____ (School)

1. I hereby apply for Special Allowance for Native-speaking English Teachers employed under the Enhanced NET Scheme in Secondary Schools.
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 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 Enhanced NET Scheme in Secondary 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: _____ Date: _____

Full name of applicant: _____
(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 : 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 _____ (Full name) is:
 - (a) appointed as a Native-speaking English Teacher under the Enhanced NET Scheme in Secondary 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 Special Allowance in the amount of HK\$ _____ each month as specified in the NET's contract with effect from _____ (i.e. the date when the appointment/extension contract period starts).
2. 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: _____

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

1. I certify that the applicant _____ (Full name) is appointed as a Native-speaking English Teacher under the Enhanced NET Scheme in Secondary Schools in my school from _____ to _____. (For the contract renewed/appointment contract period extended, the previous appointment/extension contract period was from _____ to _____); and
2. The grant of Special Allowance to the NET in the amount of HK\$ _____ each month as specified in the NET's contract with effect from _____ is approved.

Signature of supervisor/principal*: _____ Date: _____

Name of supervisor/principal*: Mr./Mrs./Ms./Miss.*

Name of school: _____

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

I confirm that _____ (Full name of the NET) has already established that his/her normal place of residence is outside Hong Kong and he/she is entitled to receive the Special Allowance.

Signature: _____

Name: _____

Post : _____

Date: _____

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

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

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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.

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**Enhanced Native-speaking English Teacher (NET) Scheme in Secondary 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 mid-market 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 ✓ 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 route	Commencement of the journey on (dd/mm/yyyy)	Completion of the journey on (dd/mm/yyyy)	Actual expenses** (Please specify the currency)	Amount claimed# (Please specify the currency)
(a) Myself	direct/indirect *				
(b) My spouse	direct/indirect *				
(c) My child(ren)	direct/indirect *				
	direct/indirect *				
	direct/indirect *				
TOTAL					

3. I hereby apply for reimbursement of RETURN passage and submit the receipt(s) /and boarding 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 route	Commencement of the journey on (dd/mm/yyyy)	Completion of the journey on (dd/mm/yyyy)	Actual expenses** (Please specify the currency)	Amount claimed (Please specify the currency)
(a) Myself	direct/indirect *				
(b) My spouse	direct/indirect *				
(c) My child(ren)	direct/indirect *				
	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.

4. I hereby apply for reimbursement of baggage allowance and submit the receipts/invoice of my baggage expenses at a total of _____ (please specify the currency).
- In-bound to Hong Kong baggage allowance
I declare that this baggage claim is made upon my first appointment under the NET Schemes and I understand that no baggage allowance will be provided for any subsequent appointment under the 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 NET Schemes, be it the first appointment or any subsequent appointment under the NET Schemes, and I will not be in another employment with schools falling under the Schemes' purview (i.e. government, aided or caput schools).
5. 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 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 _____
6. I declare that I and my family members are eligible for the passage / and baggage* allowance claimed and that I and my family are not receiving any double passage / and baggage* benefit arising from my employment with the school and my spouse's employment. I undertake to notify the school at once should there be any subsequent change to this information.
7. 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 passage allowance and baggage 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)

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

PART II (To be completed by aided schools/special schools with secondary 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 Enhanced NET Scheme in Secondary 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 and retained by caput schools)

1. The grant of the following is approved:
 - 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.**

Signature of supervisor/principal*: _____ Date: _____

Name of supervisor/principal*: Mr./Mrs./Ms./Miss.*

Name of school: _____

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

I confirm that _____ (Full name of the NET) has already established that his/her normal place of residence as outside Hong Kong and he/she is entitled to receive the Passage/Baggage Allowance (please specify currency if not in Hong Kong Dollar) as follows:

(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 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.

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**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)
2. Nationality/Nationalities held: _____ 3. Passport number: _____
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. Nationality/Nationalities held: _____ 8. Passport number: _____
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

1. Details of the insurance policy
(a) Name of the Insurance Company: _____

- (b) Details of family members **in Hong Kong** insured:

Name	Relationship	Date of birth (dd/mm/yyyy)
1.	Husband/Wife*	
2.		
3.		
4.		

- (c) Insured period (i.e. the period covered by the policy):

1. From _____ (dd/mm/yyyy) to _____ (dd/mm/yyyy)
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)

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. 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 **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 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.

Signature of applicant: _____ Date: _____

Full name of applicant: _____
(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: 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 _____ (Full name):
- is appointed as a Native-speaking English Teacher under the Enhanced NET Scheme in Secondary Schools in my school from _____ to _____ (For the contract renewed/appointment contract period extended, the previous appointment/extension contract period is from _____ to _____);
 - is eligible for reimbursement of medical insurance premium payment at the **single / married** * rate; and
 - 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 ÷ 365 days × 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 code: _ _ _ _)

School address: _____

Fax no.: _____

Contact person for enquiry: 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 certify that the applicant _____ (Full name):
- (a) is appointed as a Native-speaking English Teacher under the Enhanced NET Scheme in Secondary Schools in my school from _____ to _____ (For the contract renewed/appointment contract period extended, the previous appointment/extension contract period was from _____ to _____.);
- (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.
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: _____

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

I confirm that _____ (Full name of the NET) has already established that his/her normal place of residence as outside Hong Kong and he/she is entitled to receive the reimbursement of Medical Insurance Premium in the amount of _____ (please specify the currency if not in Hong Kong dollars).

Signature: _____

Name: _____

Post : _____

Date: _____

Section 7: For Official Use of the Recurrent Subventions Section, the Education Bureau

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

**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.

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

Notes:

1. Only the ORIGINAL copy of the form and any subsequent amendments 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.

* Delete as appropriate

PART I (To be completed by the NET)

To: Supervisor/Principal of _____ (School)

1. I wish to apply for an advance of salary in the amount of HK\$_____. My basic salary is HK\$ _____ per month.
2. I do hereby abide by the following conditions:
 - (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;
 - (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 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.
3. 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 advance of salary 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)Full name of NET: _____
(Given names) (Surname)**PART II (To be completed by aided schools/special schools with secondary 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 _____ (Full name) is:
 - (a) employed in my school from _____ to _____; and
 - (b) on first appointment as a Native-speaking English Teacher under the Enhanced NET Scheme in Secondary Schools.
2. The grant of a salary advance of HK\$_____ is approved. I should be grateful if you would arrange the payment.
3. Please recover the advance by six equal monthly instalments of HK\$ _____ each with effect from _____ (month/year).

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 and retained by caput schools)

1. I certify that the applicant _____ (Full name) is:
 - (a) employed in my school from _____ to _____; and
 - (b) on first appointment as a Native-speaking English Teacher under the Enhanced NET Scheme in Secondary Schools.
2. The grant of a salary advance of HK\$_____ is approved.
3. Repayment in six equal monthly instalments of HK\$_____ each should be effected from _____ (month/year).

Signature of supervisor/principal*: _____ Date: _____

Name of supervisor/principal*: Mr./Mrs./Ms./Miss.*

Name of school: _____

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

To: Supervisor/Principal of _____ (School)

1. The amount of salary advance payment is HK\$_____ with the due date on _____.
2. Repayment will be effected from _____ in 6 monthly instalments (i.e. _____ equal monthly instalments of HK\$_____ and the last instalment of HK\$_____).

Signature: _____ Date: _____

Name: _____ Post: _____

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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.

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