Quality Assurance Division Education Bureau

Application Form for Serving as External Reviewer

The completed application form should be sent via the applicant's supervisor in the employing school, by post to Quality Assurance Sections, Quality Assurance Division, Education Bureau at 6/F, South Tower, Tseung Kwan O Government Offices, 30 Tong Yin Street, Tseung Kwan O, New Territories, or by fax to 2768 8891.

PART I: To be completed by the applicant

	III process o	y upprocure					
Personal Particul	ars						
Name in English:	*Dr/ Mr/]	Mrs/ Ms/ Sr					
		((Surname)		(Other names)		
Name in Chinese:				P	ost:		
Substantive Rank:	*PI/ PII/ PGM/ SEO/ HMI/ HMII/ SPSM/ Others (Please specify)						
Residential Area:				Н	KID No. :		
Contact Tel.:	(Office) (Mobile))	Е	E-mail (Note):		
Parent School							
Name of School:							
School Type:	* Primary/ Secondary/ Special/ Through-train School						
School Number (6-	Digit):						
Post-Secondary A	cademic	and Teacher Qua	lifications				
Qualification Obtained		Major/ Minor/ Elective Subjects			Name of School/ Institute		Year of Award
Experience in the Education Profession					Teaching Duties	Function	onal Post(s)
Name of School (Up to the current school year)		Post(s) Period of Some (mm/yy - m			ce Major Subjects and (e.g. Pane		el Head, Prefect
(Op to the current s	school year)		/ -	/ <u>yy)</u> /	Levels Taught	Of Studi	<u>cs)</u>
			/ -	/			
			/ -	/			
			/ -	/			
Previous Secondn	nent to th	e Education Bure	au/ Educatio	n & 1	 Manpower Bureau/	_ Education	n Department
[Please indicate the	e Section(s) attached to and	period(s) of se	ervice	.]		
Previous training	for Exter	nal Reviewers					
Have you received	training f	or External Review	wers before?				
* Yes (Please indic	cate the ye	ear of training:) / No				
Preference on Re	port Writ	ing					
Are you willing to	write an H	English report? *	Yes / No				

Note: Acknowledgement receipt of your application will be sent to you by email

PART II : Declaration and undertaking by the applicant

The information I have provided in this application is accurate to the best of my knowledge.						
I understand that:						
(a) I have to receive relevant training before serving as an External Reviewer; and(b) I have to serve as an External Reviewer to promote collegial participation in External School Review and the implementation of the enhanced School Development and Accountability framework.						
Signature of Applicant :	Date :					

PART III: To be completed by the applicant's school supervisor

Supervisor's Remarks			
I *support/ do not support this appl	ication.		
	Signature:		
		(Name:)
School Chop		(School Supervisor)	
	Name of School:		
	Date:		
	Date.		

^{*} Please delete as appropriate.

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 application for serving as an External Reviewer;
 - (b) Activities relating to matching of the personal data with the database of other relevant Government bureaux/departments in connection with the processing, authentication and counter-checking of the application 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;
 - (d) Activities relating to training and development including invitation of participation in programmes/activities, applications for reimbursement of course fees, assessment of nominations, awards and scholarship, and monitoring of attainment progress;
 - (e) Activities relating to the processing and vetting of applications for, and disbursement of, funding/grants /subsidies, and conducting of audits;
 - (f) Activities relating to compilation of statistics, research and Government publications; and
 - (g) Activities relating to the administration and enforcement of rules and regulations including The Education Ordinance (Cap. 279), its subsidiary legislation (such as the Education Regulations and the Grant/Subsidized Schools Provident Fund Rules) and the Codes of Aid.
- 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 application.

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) the school in which the form relates 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

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 Chief Quality Assurance Officer 3, Quality Assurance Sections, Quality Assurance Division, Education Bureau at 6/F, South Tower, Tseung Kwan O Government Offices, 30 Tong Yin Street, Tseung Kwan O, New Territories.