教师及校长带薪进修计划 申请表

(1) 填写此申请表前,请细阅教育局通函第 32/2019 号和附录一申请须知。

(2) 提交程序:

	备注	提交方法及截止日期
甲部 申请表 (由申请人填写)	申请人应先与校长/校监商讨其带薪进 修期的计划建议和教育研究/学校发 展项目的初步构思,并获得他们同意, 然后以 PDF 可填写格式填写。	于二零一九年五月三日下午六时正或以前把填妥的甲部(PDF可填写格式)和乙部(扫描 PDF 档)一并电邮到aaslpd1@edb.gov.hk 及
乙部 推荐书 (由校长或校监填写)	申请人需列印推荐书予校长 / 校监填 写此部分,并扫描填妥的推荐书为 PDF 档。	副本抄送校长/校监 请注明邮件主题为「申请 教师及校长带薪进修计划 (申请人名称)」

- (3) 申请人提交申请表后将会收到确认电邮。
- (4) 每位申请人只限提交一份申请表。
- (5) 申请人请提供所有在申请表上所需资料。如有资料遗缺,申请书将不会受理。申请人提供的资料将交由教育局用作处理本「计划」。教育局会按需要,将申请人提供的个人及有关资料送交教育局相关部门及参与机构,以协助推行「计划」相关的事宜 ⁶。提交申请表后,如申请表内所提供的资料有任何改变,例如任职学校,申请人须尽快通知学校领导及专业发展组。
- (6) 遴选结果将以电邮方式通知申请人及其校长/校监。成功申请者必须在指定期限前签署及 递交确认书,以示同意接受本「计划」。
- (7) 如对本「计划」有任何查询,请联络教育局学校领导及专业发展组王慧英女士(电话: 3509 7581)或林芯慧女士(电话: 3509 7580)。

⁶ 根据《个人资料(私隐)条例》,任何人均有权要求查阅或改正已向本局提供的个人资料。如有任何疑问,请联络王慧英女士(电话: 3509 7581)。

教师及校长带薪进修计划

Sabbatical Leave Scheme for

Professional Development of Teachers and Principals 甲部 申请表 Part I Application Form

甲部(由一位申请人填写) Part I (to be completed by ONE applicant)

Section A 个人资料 Personal Particulars

姓名	英文(English)	姓 (Surname)	名(Other Names))
Name	中文(Chinese))		
香港永久居民 Permanent Resident of Hon	ng Kong	□ Yes 是 □ No [?]	否	
通讯地址				
Correspondence Address				
日间联络电话			手提电话	
Daytime Contact No.			Mobile Phone No	0.
电邮地址 Email Address	(遴选结果将以电邮方式通知申请人,请确保电邮地址正确。) (Please ensure your email address is correct, as applicants will be notified of the results via email.)			
	ool Information			
学校英文名称 School Name in English				
学校中文名称 School Name in Chinese				
学校资助类别 Finance Type of School*	□ 官立学校 Government □ 资助(非特殊学校) Aided (Non-Special School) □ 资助(特殊学校) Aided (Special School) □ 按位津贴学校 Caput □ 直接资助计划学校 Direct Subsidy Scheme □ 参与幼稚园教育计划的幼稚园 Kindergartens joining the KG Education Scheme			
学校联络电话		学校传	真号码	
School Telephone No.			Fax No.	
校长姓名		校长联		
Name of Principal		Princip	al's Contact	

^{*} Please insert a "\sqrt{"}" in the appropriate box

Section C 学历及认可教师资格 Academic Qualification and Recognised Teacher Qualification

请按日期顺序列出获取与教育专业有关的学历详情。Please provide details of your post-secondary academic qualification attained that is relevant to the teaching profession in chronological order.

Name of the Institution 学院名称	Qualification Obtained or To be Obtained 已获取 / 将获取的学历	Majors and Minors 主修及副修	Date 日期	
			From 由 (MM/YY)	To 至 (MM/YY)

Section D 相关教学及工作经验 Relevant Teaching and Work Experience

请按任职日期顺序列出相关教学及工作经验。Please provide relevant teaching and work experience in chronological order.

	•			
Relevant teaching and wo School Name 学校名称/ Organisation 机构 Relevant teaching and wo Served as a member/h committee 担任(学习 Organisation 动研究 Served as a member of Served as a m	berved as a member/nead of a (HER I subject)	Date 日期		
	→ Served as a member of (EDB/Government Committee) on (KLA/subject/domain) 担任(教育局/政府)委员会	From 由 (MM/YY) 月/年	To 至 (MM/YY) 月/年	
(i)	全职教学经验			
	Full-time teacher ex	xperience		
(ii)	社会服务经验			
	Experience in com	munity services		

Section E 过往带薪进修假期的经验 (如有) Prior Experience of Paid Study Leave (if any)

请提供最近五年(按日期顺序列出)成功申请一个月或以上带薪进修假期的经验。Please provide experience of successful application of paid study leave of/exceeding one month in the past five years (in chronological order).

Paid Study Leave 带薪进修假期	Focus of Study	Date 日期	
(e.g. i-journey) (如在职中学教师 带薪境外进修计划)	学习焦点	From 由 (MM/YY)	To 至 (MM/YY)

Section F 带薪进修计划建议 Proposal on Sabbatical Leave

请简介带薪进修计划的初步构思。Please describe briefly initial plan of sabbatical leave and educational research/ school development project.

(i)	拟申请带薪运	拟申请带薪进修期时段(由一个月至五个月)Sabbatical leave period applied for (from one month to five months)			
	(from one mo				
	From 由	(dd/n	nm/yyyy) to 至	(dd/mm/yyyy)	
	(month(s)月	day(s) 日)		
(ii)	带薪进修计划	划的学习目标及内容	Learning objectives and	contents of sabbatical leave	
(iii)				f educational research/ school development project	
	2 3 FE FI (11)	JAN MANAGEMENT		-,	

(iv) 行动方案 Action plan

(包括专业发展进修课程/活动类型及日程、推行计划日程、预期所需的学校支援等)

(including types and schedules of CPD programmes/activities, work schedule of educational research/ school development project, expected support from school, etc.)

时段 Period	活动/课程/工作 Activities/Programmes/Tasks	所需学校的配合 (如有) Expected support from school (if any)
e.g. 1 Sep – 30 Sep 2019	 e.g. to attend a 4-week course at (institution) to organise a training workshop/seminar to share overseas experience with colleagues to review the subject curriculum/ assessment policy to plan/conduct data collection/ survey/ discussion/ interview/ observation 	e.g. one representative from each subject panel to join 2 weekly meetings

(v)	预期成果,以及对个人/学生/学校/教育社群的效益 Expected outcomes and benefits to self/students/school/education community
(vi)	评估成效的方法 Approach to evaluate the effectiveness
(viii)	支持申请的补充资料 (如获得目标学者、学院、机构、学校教职员初步支持或与他们维系协作关系等) Additional information supporting your application (e.g. initial support from or collaborative partnership with target academics, institutions, organisations, teaching staff of schools, etc.)

Office Use Only 只供教育局填写

Declaration by the Applicant 申请人声明

本人声明,就本人所知及确信,在此申请表内所填报的所有资料均属完备和真实。本人明白倘若故意虚报资料及/或提供抄袭资料或隐瞒重要事实或没有就申请书内已更改的资料通知教育局,本人的申请资格可能被取消或将不能继续参与「计划」,而本人亦可能要退还相关款项。本人明白,如教育局要求,本人须提交相关证明文件,否则本人的申请将不获处理。

I declare that all the information provided in the application form is, to my best knowledge, complete and accurate. If I willfully give any false and/or plagiarised information or withhold any material information in this form, or fail to notify the office concerned of any subsequent change of the information provided, it will render me liable to disqualification for selection or discontinuation of participation in the Scheme, and I may be required to reimburse monies incurred. I understand that my application should be supported by relevant documents/evidence upon request from the EDB. If I fail to do so, my application may not be processed.

本人明白本申请表格上所提供的个人资料为遴选程序中确立本人的申请资格之必须资料。本人同意教育局为办理本人的申请及核实提交的资料而进行任何所需的查询。如本人获选参加「计划」,代表本人明白及接纳以下条款和细则:

I understand that the personal information solicited in this form is necessary to establish my eligibility and qualifications for the selection process. I consent to the EDB making any necessary enquiries as required in matters relating to the Scheme and for the verification of the information given in my application. I understand and accept that if my application is successful:

- (a) 教育局可应要求向有关的院校及机构披露本人所提供的资料包括而不限于姓名、联系方法、专业背景和初步计划书,以便进行沟通和协助推行「计划」;以及
 - the information furnished, including but not limited to my name, contact details, professional background and initial proposal, may be disclosed upon request to the collaborating institutions and other support organisations for communication and programme engagement purposes; and
- (b) 教育局将获授权于各公共渠道(例如但不限于刊物、网站和社交平台等)公开含有本人姓名及专业背景的资料和于「计划」内所使用及产生的所有资料,以作推广、纪录、报告及为专业学习社群建立汇编/资源数据库之用。

the EDB is authorised to publicise information that contains my name, professional background, and all other materials used during and produced after the Scheme for promotion, recording and reporting, and creating a compendium/resource database for the Professional Learning Communities (PLCs) via public channels including but not limited to publications, websites, and other social media platforms.

	Hong Kong Identity Card
Name of Applicant:	Number:
申请人姓名	申请人身份证号码
请按以下空格以进行电子	子签署。
Please click the box below	w to process digital signature.
注意:电子签署完成后,	你将 <u>无法</u> 编辑本申请表格之甲部内容。
Note: Content of Part I of	f this application form <u>cannot</u> be edited after it is digitally signed.