教師及校長帶薪進修計劃 申請表

(1) 填寫此申請表前,請細閱教育局通函第 27/2020 號和附錄一申請須知。`

(2) 提交程序:

	備註	提交方法及截止日期
甲部 申請表 (由申請人填寫)	申請人應先與校長/校監商討其帶 薪進修期的計劃建議和教育研究 /學校發展項目的初步構思,並 獲得他們同意,然後以 PDF 可填 寫格式填寫。	2020年5月18日或之前 (首輪申請) 或
		2020 年 10 月 30 日或之前 (次輪申請)
乙部 推薦書 (由校長或校監填寫)	申請人需列印推薦書予校長/校 監填寫此部分,並掃描填妥的推 薦書為 PDF 檔。	把填妥的甲部(PDF 可填寫格式)和乙部(掃描 PDF檔)一併電郵到aaslpd1@edb.gov.hk及副本抄送校長/校監
		請註明郵件主題為「申請教師及校長帶薪進修計劃 (申請人名稱)」

- (3) 申請人提交申請表後將會收到確認電郵。
- (4) 每位申請人只限提交一份申請表。
- (5) 申請人請提供所有在申請表上所需資料。如有資料遺缺,申請書將不會受理。申請人提供的資料將交由教育局用作處理本「計劃」。教育局會按需要,將申請人提供的個人及有關資料送交教育局相關部門及參與機構,以協助推行「計劃」相關的事宜 6。提交申請表後,如申請表內所提供的資料有任何改變,例如任職學校,申請人須盡快通知學校領導及專業發展組。
- (6) 遴選結果將以電郵方式通知申請人及其校長/校監。成功申請者必須在指定期限前簽署及 遞交確認書,以示同意接受本「計劃」。
- (7) 如對本「計劃」有任何查詢,請聯絡教育局學校領導及專業發展組李煒儀女士(電話: 3509 7585)或王慧英女士(電話: 3509 7581)。

 $^{^6}$ 根據《個人資料(私隱)條例》,任何人均有權要求查閱或改正已向本局提供的個人資料。如有任何疑問,請聯絡王慧英女士(電話: $3509\,7581$)。

教師及校長帶薪進修計劃 Sabbatical Leave Scheme for Professional Development of Teachers and Principals

甲部 申請表 Part I Application Form

<u>甲部(由一位申請人填寫) Part I (to be completed by ONE applicant)</u>

Section A 個人資料 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 Hong	Kong	□ Yes 是 □	No 否		
通訊地址 Correspondence Address					
日間聯絡電話 Daytime Contact No.				手提電話 Mobile Phone No	
電郵地址 Email Address				保電郵地址正確。) is applicants will be) notified of the results via email.)
Section B 學校資料 Schoo	ol Information				
學校英文名稱 School Name in English					
學校中文名稱 School Name in Chinese					
學校資助類別 Finance Type of School*	□ 官立學校 Government □ 資助(非特殊學校) Aided (Non-Special School) □ 資助(特殊學校) Aided (Special School) □ 按位津貼學校 Caput □ 直接資助計劃學校 Direct Subsidy Scheme □ 參與幼稚園教育計劃的幼稚園 Kindergartens joining the KG Education Scheme				
學校聯絡電話 School Telephone No.			學校傳真 School Fa		
校長姓名 Name of Principal]	校長聯絡 Principal' Telephone	s Contact	

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

Section C 學歷及認可教師資格 Academic Qualification and Recognised Teacher Qualification

請按日期順序列出獲取與教育專業有關的學歷詳情。Please provide details of your post-secondary academic qualification attained that is relevant to the teaching profession in chronological order.

Name of the Institution	Qualification Obtained or To be Obtained 已獲取 / 將獲取的學歷	Majors and Minors 主修及副修	Date 日期	
學院名稱			From 由 (MM/YY)	To 至 (MM/YY)

Section D 相關教學及工作經驗 Relevant Teaching and Work Experience

請按任職日期順序列出相關教學及工作經驗。Please provide relevant teaching and work experience in chronological order.

	•				
	School Name	相關教學及工作經驗,例如: Relevant teaching and work experience, for example: • Served as a member/head of a (KLA/subject)	Date 日期		
學校名稱/ Organisation 機構 • Cond 動研	動研究 Served as a member of (EDB/Government Committee) on (KLA/subject/domain) 擔任(教育局/政府)委員會	From 由 (MM/YY) 月/年	To 至 (MM/YY) 月/年		
(i)	全職教學經驗				
	Full-time teacher ex	xperience			
(ii)	社會服務經驗				
	Experience in com	munity services			

Section E 過往帶薪進修假期的經驗 (如有) Prior Experience of Paid Study Leave (if any)

請提供最近五年(按日期順序列出)成功申請一個月或以上帶薪進修假期的經驗。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 帶薪進修假期	Focus of Study 學習焦點	Date 日期	
(e.g. i-journey) (如在職中學教師 帶薪境外進修計劃)		From 由 (MM/YY)	To 至 (MM/YY)

Section F 帶薪進修計劃建議 Proposal on Sabbatical Leave

請簡介帶薪進修計劃的初步構思。Please describe briefly initial plan of sabbatical leave and educational research/school development project.

擬申請帶薪進修期時段(由一個月至五個月)Sabbatical leave period applied for (from one month to five months)				
month(s)月	day(s)∃)			
· 詩薪進修計劃的學習目標及F	內容 Learning objectives and conte	ents of sabbatical leave		
方在研究/舆校發展計劃/夕稱	及日梅 Title and objectives of edu	cational research/ school development project		
《月训九/字仪分成可则·句件》	火口惊 Thic and objectives of cut	canonal research school development project		
何配合(ii) 的學習目標及內?	Relevance to (ii) learning object	ives and contents of sabbatical leave		
	rom one month to five month rom 由(General form the second form the seco	from one month to five months)		

(iv) 行動方案 Action plan

(包括專業發展進修課程/活動類型及日程、推行計劃日程、預期所需的學校支援等)

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

時段 Period	活動/課程/工作 Activities/Programmes/Tasks	所需學校的配合 (如有) Expected support from school (if any)
e.g. 1 Sep – 30 Sep 2020	 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)	預期成果,以及對個人/學生/學校/教育社群的效益 Expected outcomes and benefits to self/students/school/education community
(vi)	評估成效的方法 Approach to evaluate the effectiveness
(viii)	支持申請的補充資料 (如獲得目標學者、學院、機構、學校教職員初步支持或與他們維繫協作關係等)
	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 只供教育局填寫

Declaration by the Applicant 申請人聲明

本人聲明,就本人所知及確信,在此申請表內所填報的所有資料均屬完備和真實。本人明白倘若故意虛報資料及/或提供抄襲資料或隱瞞重要事實或沒有就申請書內已更改的資料通知教育局,本人的申請資格可能被取消或將不能繼續參與「計劃」,而本人亦可能要退還相關款項。本人明白,如教育局要求,本人須提交相關證明文件,否則本人的申請將不獲處理。

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.

本人明白本申請表格上所提供的個人資料為遴選程序中確立本人的申請資格之必須資料。本人同意教育局為辦理本人的申請及核實提交的資料而進行任何所需的查詢。如本人獲選參加「計劃」,代表本人明白及接納以下條款和細則:

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) 教育局可應要求向有關的院校及機構披露本人所提供的資料包括而不限於姓名、聯繫方法、專業背景和初步計劃書,以便進行溝通和協助推行「計劃」;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) 教育局將獲授權於各公共渠道(例如但不限於刊物、網站和社交平台等)公開含有本人姓名及專業背景的資料和於「計劃」內所使用及產生的所有資料,以作推廣、紀錄、報告及為專業學習社群建立匯編/資源數據庫之用。

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:		
申請人姓名		申請人身份證號碼		
請按以下空格以進行電	子簽署。			
Please click the box belo	ow to process digital signat	ture.		
注意:電子簽署完成後	,你將 <u>無法</u> 編輯本申請表	格之甲部內容。		
Note: Content of Part I o	of this application form <u>can</u>	nnot be edited after it is digitally signed.		