

**APPLICATION FORM
TEACHING POSITIONS**

Title of job applied for : _____ Department : _____

Date available for employment : _____ Salary expected : _____

I am/am not* a registered/permitted teacher registered with the Education Bureau, Hong Kong SAR.
 (*Please delete as appropriate.)

PART A PERSONAL PARTICULARS

Name in English: _____ Name in Chinese: _____

Date of Birth: _____ Sex: Male Female

Nationality: _____ HKID Card or Passport No: _____

Are you a permanent resident of HKSAR: Yes No

Are you holder of a valid employment/dependent visa*: Yes No

(*Please delete as appropriate.)

Residential Address : _____

Email Address : _____ Contact Telephone No : _____

Sexual Conviction Record Check (SCRC)

- I agree to undergo SCRC and understand that the result of SCRC will be one of the factors for the School's consideration for appointment.
- I agree to complete and sign the "Sexual Conviction Record Check Consent Form".
- I have read SCRC – Notes to Applicants (from Hong Kong Police Force).

PART B ACADEMIC ATTAINMENT (in chronological order)

From/To	Name of School/University	Mode of Attendance	Qualification Obtained

PART C PROFESSIONAL QUALIFICATION

Professional Qualification	Name of Issuing Authority	Level Attained	Date Obtained

PART D FULL EMPLOYMENT RECORD (in chronological order)

From/To	Name of Organization	FT/PT	Position Held	Nature of work	Last Salary	Reason for Leaving

PART E CO-CURRICULAR ACTIVITIES RECORDED

(Please list the activities/sports/clubs you helped to coach/manage in your previous organizations/schools.)

Activities/ Sports/ Clubs	Position Held	Organizations/Schools	Year (From/To)
			-
			-

PART F GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer "Yes" to any question, give a brief outline of the issue process and the update or outcome. You must list all offences, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offence is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police official records.

	YES	NO
1. Were you ever convicted of a criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you currently under charges and/or investigation for a criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever previously been refused registration as a teacher, or ever been refused permission to teach, or having been so registered or given permission and yet had the registration or permission cancelled in Hong Kong or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been disciplined, discharged, or asked to resign from a prior position?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your contract in a prior position ever been non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been charged with or investigated for sexual abuse or harassment or another person?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has someone ever accused you of assaulting/or abusing a child?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been charged with a crime or misconduct at your workplace?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you subject to any visa or immigration status, which would prevent lawful employment?	<input type="checkbox"/>	<input type="checkbox"/>

Note: if you answered "Yes" to any of the above questions, please provide a detail explanation on a separate sheet of paper, including dates, and attach it to this application.

PART G REFERENCES

1. The School will seek confidential reference on you once you are shortlisted for further consideration. Please provide details of two referees (preferably your former academic adviser/job supervisor) whom the School can invite to comment on your academic / professional suitability for the post:

Name	_____	Position	_____
Organization	_____	Telephone	_____
E-mail	_____	Fax	_____
Address	_____		

Name	_____	Position	_____
Organization	_____	Telephone	_____
E-mail	_____	Fax	_____
Address	_____		

2. In the event of an offer of appointment, the school will approach your employer to confirm details of your present/last employment. Please provide the particulars of the contract person of your *present/last employer below:

Name	_____	Position	_____
Organization	_____	Telephone	_____
E-mail	_____	Fax	_____
Address	_____		

Noted: You will be duly advised before your present/last employer is approached.

PART H DECLARATION

I declare that the information on this form is true and accurate to the best of my knowledge and belief, and that I have not withheld any information as to my suitability for employment as a teacher.

I understand that providing incomplete or misleading or false information will disqualify me from appointment or may lead to me being dismissed if appointed to the job.

My name has not been placed on any list which disqualifies me from working with children.

For the purpose of verifying the information provided in this application form, I authorize the commissioner of Police to release full details of my criminal record(s), including spent convictions under the Rehabilitation of Offenders Ordinance (Cap 297), if any, to the School.

I consent to the School making any necessary enquiries for purposes relating to recruitment and for the verification of the information given above. I authorize all government departments and other organizations or agencies to release any record or information as may be required for these enquiries (including, inter alia, obtaining a reference from my current and/or previous employer(s) before offer of appointment; obtaining my medical examination reports or medical records from relevant authorities/agencies/medical personnel and transferring of such data to other authorities/agencies/medical personnel; and making enquiries from relevant institutions/agencies regarding my academic/professional qualifications and obtaining relevant records and transferring of such data to other authorities/agencies for qualification assessment.

I agree and authorize the School to access the result of my Sexual Conviction Record Check through the Auto- Telephone Answering System.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Name of Applicant: _____ Interview Date: _____

A. Check of HKID Card/Passport

Document of Identification	Issuing Authority	Original	Copy	Officer / Date
		<input type="checkbox"/>	<input type="checkbox"/>	

B. Documents Received from the Candidate

Document	Certificate/Award/Letter	Issued By	Original	Copy
Academic Record			<input type="checkbox"/>	<input type="checkbox"/>
Reference Letter			<input type="checkbox"/>	<input type="checkbox"/>

C. Evaluation and Approval

Panel's Recommendation:		
Recommend <input type="checkbox"/>	Not Recommend <input type="checkbox"/>	Keep in View <input type="checkbox"/>
Panel's Comments:		

Name & Signature		
Review by HR:		
Support <input type="checkbox"/>	Disapprove <input type="checkbox"/>	Recommend Monthly Salary (HK\$) _____
HOD/HR's Comments		Salary Review After Probation _____

		Name & Signature:
Approval by Principal		
Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>	
Principal's Comments:		

Signature		

D. Sexual Conviction Record Check

	Collected	Issued	Date
Sexual Conviction Record Check Consent Form	<input type="checkbox"/>	<input type="checkbox"/>	
Letter of Documentary Proof of Possible Employment Related to Children	<input type="checkbox"/>	<input type="checkbox"/>	

E. Certificate of No Criminal Conviction

Certificate Issued by	Date of Issue	Original	Copy	Remarks
		<input type="checkbox"/>	<input type="checkbox"/>	

F. Follow-up Actions

Reference Check	Results

G. Pre-employment Health Check

Positive	Negative	Date

H. Employment

Commencement Date	End Date

Monthly Salary (HK\$)	Salary Review After Probation

Medical Plan
Plan []

I. Remarks:

 Please tick as appropriate