

## **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).

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.

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.  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 1110, 11/F, Wu Chung House  
213 Queen's Road East  
Wanchai, Hong Kong

1. I certify that \_\_\_\_\_ (Full name of the NET) is appointed under the Enhanced NET Scheme in Secondary Schools in my school from \_\_\_\_\_ to \_\_\_\_\_.
2. I have checked that the NET has:
  - (a) completed Part I and Annex of the NET-Form A; and
  - (b) submitted the required supporting documents as listed in the attached checklist.
3. 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.
4. 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

--- END ---

**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<br>(mm/yyyy) | To<br>(mm/yyyy) | Place of residence | Purpose |
|-------------------|-----------------|--------------------|---------|
|                   |                 |                    |         |
|                   |                 |                    |         |
|                   |                 |                    |         |
|                   |                 |                    |         |
|                   |                 |                    |         |

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

| From<br>(mm/yyyy) | To<br>(mm/yyyy) | Purpose (Please provide the name of employer(s) in case of employment) |
|-------------------|-----------------|--|
|                   |                 |  |
|                   |                 |  |
|                   |                 |  |
|                   |                 |  |

9. Particulars of children

| Full name | Date of birth<br>(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

--- END ---

**Enhanced Native-speaking English Teacher (NET) Scheme in Secondary Schools  
Application for Special Allowance**

**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.

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 hereby apply for Special Allowance for Native-speaking English Teachers employed under the Enhanced NET Scheme in Secondary Schools.
2.  I declare that I am not receiving a Special Allowance under the Enhanced NET Scheme in Secondary Schools or any other financial assistance/allowance/benefits from the Government of the Hong Kong Special Administrative Region or other sources to rent or acquire accommodation in Hong Kong.
3.  I am single.  
 I am married and my spouse' 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 \_\_\_\_\_

- I declare that my spouse is not receiving a Special Allowance under the Enhanced NET Scheme in Secondary Schools or any other financial assistance/allowance/benefits from the Government of the Hong Kong Special Administrative Region or other sources to rent or acquire accommodation in Hong Kong. I undertake to inform you and to cease drawing the Special Allowance immediately once my spouse begins to receive such financial assistance/allowance/benefits.
4.  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.
5.  I undertake to report to the school any changes of my marital status and family particulars that might affect my entitlement to the Special Allowance.
6.  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.

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 1110, 11/F, Wu Chung House  
 213 Queen's Road East  
 Wanchai, Hong Kong

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: \_\_\_\_\_

**Part III (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: \_\_\_\_\_

**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 is outside Hong Kong and he/she is entitled to receive the Special Allowance.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Post : \_\_\_\_\_

Date: \_\_\_\_\_

**Part V (To be completed by 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> |
|--------------------|--------------------------|-------------|-------------------|-------------|
|                    |                          |             |                   |             |

--- END ---

**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. 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<br>(dd/mm/yyyy) |
|--|--------------|-------------------------------|
| (a) Myself   |              |                               |
| (b) My spouse  |              |                               |
| (c) My child(ren) who<br>is/are unmarried and<br>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<br>route | Commencement<br>of the journey on<br>(dd/mm/yyyy) | Completion of<br>the journey on<br>(dd/mm/yyyy) | Actual expenses**<br>(Please specify the<br>currency) | Amount claimed#<br>(Please specify the<br>currency) |
|----------------------|--------------------------|---|---|---|---|
| (a) Myself           | direct/indirect *        |   |   |   |   |
| (b) My spouse        | direct/indirect *        |   |   |   |   |
| (c) My<br>child(ren) | direct/indirect *        |   |   |   |   |
|                      | direct/indirect *        |   |   |   |   |
|                      | direct/indirect *        |   |   |   |   |
| <b>TOTAL</b>         |                          |   |   |   |   |

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<br>route | Commencement<br>of the journey on<br>(dd/mm/yyyy) | Completion of<br>the journey on<br>(dd/mm/yyyy) | Actual expenses**<br>(Please specify the<br>currency) | Amount claimed<br>(Please specify the<br>currency) |
|----------------------|--------------------------|---|---|---|--|
| (a) Myself           | direct/indirect *        |   |   |   |  |
| (b) My spouse        | direct/indirect *        |   |   |   |  |
| (c) My<br>child(ren) | direct/indirect *        |   |   |   |  |
|                      | direct/indirect *        |   |   |   |  |
|                      | direct/indirect *        |   |   |   |  |
| <b>TOTAL</b>         |                          |   |   |   |  |

\*\* 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 1110, 11/F, Wu Chung House  
213 Queen's Road East  
Wanchai, Hong Kong

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) 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\$         |

(c) 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(b) 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 HK\$\_\_\_\_\_.
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 HK\$\_\_\_\_\_.
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) 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\$         |

- (c) 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(b) 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 HK\$\_\_\_\_\_.
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 HK\$\_\_\_\_\_.
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)**

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

--- END ---

**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 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.

Please insert a ✓ the appropriate box

\*Delete as appropriate

**PART I (To be completed by the NET)**

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 paragraph 2 below for the \_\_\_\_\_/\_\_\_\_\_ school year.

2. 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<br>(dd/mm/yyyy) |
|------|---------------|-------------------------------|
|      | Husband/Wife* |                               |
|      |               |                               |
|      |               |                               |
|      |               |                               |

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

From \_\_\_\_\_ (dd/mm/yyyy) to \_\_\_\_\_ (dd/mm/yyyy)

3. I attach herewith the receipt(s) of my medical insurance premium payment at a total of HK\$ \_\_\_\_\_. (Please specify the currency if not in Hong Kong Dollars.)

4.  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 \_\_\_\_\_

5.  I declare that I and my family members included in this application are eligible for the medical allowance claimed and that I and my spouse are not receiving any double medical 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.

6.  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.

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 1110, 11/F, Wu Chung House  
213 Queen's Road East  
Wanchai, Hong Kong

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 is 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 Part I.

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: \_\_\_\_\_

**PART III (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 Part I.
  
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: \_\_\_\_\_

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

|  |
|--|
| <p>I confirm that _____ (<b>Full name of the NET</b>) 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).</p> <p style="text-align: right; margin-right: 50px;">Signature: _____</p> <p style="text-align: right; margin-right: 50px;">Name: _____</p> <p style="text-align: right; margin-right: 50px;">Post : _____</p> <p style="text-align: right; margin-right: 50px;">Date: _____</p> |
|  |

**Part V (To be completed by 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 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: the NET Administration Team, the Education Bureau]  
Room 1110, 11/F, Wu Chung House  
213 Queen's Road East  
Wanchai, Hong Kong

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: \_\_\_\_\_

--- END ---

**NOTES FOR COMPLETING NET-FORMS A - E****COLLECTION OF PERSONAL DATA**

- (a) The personal data provided by means of the forms will be used for processing your application for fringe benefits under the Enhanced Native-speaking English Teacher (NET) Scheme in Secondary Schools.
- (b) They may be disclosed to other Government Bureaux & Departments for the purpose mentioned in (a).
- (c) The provision of personal data by means of these forms is obligatory. If you do not provide sufficient information, the school and the Education Bureau may not be able to process matters relating to the above-mentioned application.
- (d) You have a right of access and correction with respect to personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by these forms.
- (e) Enquiries concerning the personal data collected by means of these forms including the making of access and correction should be addressed to your school.