



**G.T. (Ellen Yeung) College**  
**Primary Section**  
**Application Form for School Principal**

優才(楊殷有娣)書院  
G.T.(Ellen Yeung)College  
10, Ling Kwong Street  
Tiu Keng Leng  
Tseung Kwan O  
Tel : (852) 2535-6867  
Fax: (852) 2623-6550

*Please read the information below before filling in this application form.*

Dear prospective applicant,

Thank you for your interest in this post. Please note the following:

- (a) Please ensure that all parts in the form are completed and the information is accurate. If there is insufficient space, please give details on a separate sheet to be attached to the application form.
- (b) The personal data collected in this form will be used by the School to assess your suitability for assuming the position you are applying for and to determine the remuneration and benefits package.
- (c) Applicants are requested to attach photocopies of certificates, transcripts, and other relevant documents to support information on this form. These copies are not returnable and will be verified in due course.
- (d) All information provided will be treated as confidential and will only be used for recruitment purpose.
- (e) Please return the completed form before **31 Jan 2020** to:

Chairman, The Search of Committee  
Board of Governors, G.T. (Ellen Yeung) College  
10 Ling Kwong Street, Tiu Keng Leng  
Tseung Kwan O, Hong Kong

For enquiry, send e-mail to the search committee ([rexli@gtcollege.edu.hk](mailto:rexli@gtcollege.edu.hk)).

Thank you and good luck.

The Search Committee  
G.T. (Ellen Yeung) College  
2 Jan 2020



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For Office Use	S	F	1I	2I
Reference Number:				

**I. PERSONAL PARTICULARS**

Surname *Dr/Mr/Mrs/Miss/Ms		Other Name		Name in Chinese		Recent Photo
Date of Birth (Day/Month/Year)		Age	Sex	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married with _____ kids		
Nationality		*Hong Kong Identity Card/Passport Number				
Telephone Number	Work	Home	Mobile	Fax		
Correspondence Address				E-mail Address		
Permitted Teacher Reference Number		Teacher Registration Number		Religion		

**II. WORKING EXPERIENCE (IN CHRONOLOGICAL ORDER)**

				For Office Use 1
Dates (M/Y)		Name of Organization/Employer	*Position Held	Nature of Work/Duties
From	To			

*Note.* \*Please indicate if it is a part-time position

**III. EDUCATION AND ACADEMIC QUALIFICATIONS  
(IN CHRONOLOGICAL ORDER)**

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Dates (M/Y) (Please state if Part-time)		Full Name & Location of <b>Secondary</b> & <b>Tertiary</b> Education Providers	Field of Study	Abbreviation (e.g., B.A., Ph.D.)	Qualifications Obtained (Pls. indicate the abbreviation before description)	Date of Award (M/Y)	For Office Use
From	To						Copy Verified

**IV. PUBLIC EXAMINATION RESULTS**

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*Subjects	Hong Kong Examination Authority		Overseas Examination Board (Please specify)	
	Please specify: <input type="checkbox"/> HKCEE <input type="checkbox"/> HKDSE	Please specify: <input type="checkbox"/> HKDSE <input type="checkbox"/> HKALE		
Chinese Language				
English Language				
Mathematics				

*Note.* \*Please fill in all subject names in the column, and write the subjects taken in secondary school and specify the grading, (e.g., A, B, C ...) obtained in the public examination. If you have not attended any of the above examination(s), please leave the box(es) blank.

**V. PROFESSIONAL QUALIFACATIONS (IN CHRONOLOGICAL ORDER)**

Professional Qualification	Full Name of Issuing Authority	Level Attained/to be Attained	Date Obtained/ to be Obtained (D/M/Y)

**VI. MAJOR CURRICULUM DEVELOPMENT/PROJECTS/RESEARCH WORK/PUBLICATONS**

**VII. DETAILS OF PRESENT/LAST EMPLOYMENT**

*Present/Last Basic Monthly Salary:	Expected Salary: _____ per month
Other Allowances/Bonus and Benefits: <input type="checkbox"/> Medical <input type="checkbox"/> Housing <input type="checkbox"/> Gratuity	
<input type="checkbox"/> Superannuation/Provident Fund <input type="checkbox"/> Bonus: _____ % of salary <input type="checkbox"/> Others _____	
Notice Period Required for Resignation:	Date Available:

Note. \*Please delete as inappropriate.

**VIII. RECORD OF VOLUNTARY SERVICES (IN CHRONOLOGICAL ORDER)(OPTIONAL)**

For Office Use 4	
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Name of Organization/Agency	Position Held	Date (Month/Year)	
		From	To

**IX. REFEREES**

a. Please enter below the names, addresses, and professional status of two persons who have agreed to act as your referees with regard to your work. The School may seek confidential reference on you once you are shortlisted for further consideration.

Name \_\_\_\_\_ Position Held \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Position Held \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

b. #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 contact person of your \*present/last employer below:

Name \_\_\_\_\_ Position Held \_\_\_\_\_

Organization \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_

*Note.* #You will be duly advised before your present/ last employer is approached.

\* Please delete as inappropriate.

**X. DECLARATION**

I declare that the information and documents provided in support of this application are, to the best of my knowledge, accurate and complete, and I understand that my application will be disqualified if any information or document provided is found to be false. I hereby give my consent to G.T. (Ellen Yeung) College to contact my personal referees as provided in Section IX to comment on my suitability for the post applied for.

Signature \_\_\_\_\_

Date \_\_\_\_\_











