

For Office Use									
	Application No.								

Application Form for Admission to Two-year Full-time / Three-year Mixed Mode Bachelor of Education (Honours) Programmes 2003-2004

CHOICE OF PROGRAMME AND SUBJECT																									
	First Preference									Sec	cond i	Prefe	rence	e (op	tiona	l)									
Programme Code																	I	Ι		Ι]				
Programme Title																									
Subject Code			1 st Prefe	rence			2	nd Prefe	erence							1 st Pref	ferenc	се			2 ^{na}	Prefer	ence		
Major]]	
Subject Code			1 st Prefe	rence			2	nd Pref	erence							1 st Pref	ferenc	ce			2^{na}	Prefer	ence		
Minor																									
Notes 1. Please refer to the "Application Guide" for the programme code, programme title and subject code. 2. Each applicant is allowed to select a maximum of two different programmes in the order of preference. 3. No change of programme or subject is allowed once the application form is submitted. PERSONAL PARTICULARS Please enter information in this section as printed on your HKID card/passport. (Please refer to Personal Particulars Section in the "Application Guide".)																									
Full Name in English Surname			1	· · · · ·			1						1	1 1		1	T		,				,		
Other Names																									
Name in Chinese														L:	cal / l = Loc = Nor	al		l App	licant				Ma - Ma - Fem		
Chinese Name in Code														Da	ite of	Birth		Do	/		Month	/	1	9	Y
H.K. Identity Card No.] - []()					Pa	sspor	t No		Da	y		violitii				
					(CORE	RESP	ON	DE	NCI	E IN	FO	RM	ATIO	N										
Correspondence Addres	s (Please	use BLO	OCK L	ETTE	RS i	n Engl	ish.)							1											
District Code Day Contact Telephone	No	(P		efer to		list of (district	t code	es in	the "	Appl	icatio	on G	uide".) Evenin	g Con	tact [Tele	phone	e No.			Ext.	(if a _j	pplica	ible)
		П-															T				_				
Mobile Phone / Pager N	lo.		A/C	(if ap	plica	ıble)								Fax No		<u> </u>	<u> </u>								
E-mail Address:																									
						INE	ORN	MAT	TIO!	N O	N D	ISA	BI	LITY											
Applicants with a disability please put a "Y" into the box below and state the nature and degree of disability. Otherwise, please put an "N".																									

All applicants will be considered on the same basis. The collection of information about the nature and degree of any disabilities will be used by the Institute to assess the provision of facilities to benefit students from the studies.

		EDUCATION BAC	KGROUN	D (Pleas	se provide	informatio	n in chronological order.)			
1.	Teacher Education Progr Please provide information		ramme complet	ted / attending	at the Hor	ng Kong Ins	stitute of Education or the former Colleges of Education			
	Name of the Programme (Please "✓" as appropriate.)									
	If you completed the following programmes on or before 1994, please attach a copy of the certificates and transcripts of studies.									
	☐ Certificate in Sec	ondary Education (Chinese)	☐ In-service Course of Training for Teachers in Secondary Schools							
	☐ Certificate in Sec	ondary Education (English)	☐ In-service Course of Teacher Training (Technical)							
	☐ Teacher's Certific	eate		☐ Other (please specify)						
	Electives 1.	2.			Date/Exp	pected Date	e of Graduation			
							Month / Year			
2.	for teachers).		mes (other than	n those indicate	ed above) a	attended/att	tending (e.g. ACTE, 16-week in-service language cours			
	From (Month / Year)	To (Month / Year)	Name of Institute				Qualifications Obtained/To be Obtained			
	(Wolldi / Tear)	(Month? Teal)								
3.	Language teaching related professional development activities attended (For applicants applying for E3B012 programme*)									
	Year of Attendance Organization					Name of the activities				

*For ICTT graduates without attending any 16-week language courses, please provide information of language teaching related professional development activities such as seminars, course attended, etc.

4.	Langu	age Proficiency Assessi	ment for Teache	rs (LPAT) (For ap	pplicants applying j	for E3B012 programme	e)		
		you ever attended any L e enter "Y" for "Yes"; "Y	_	sment or recognized 1	anguage training p	rogramme?			
	Piease	enter i for ies; r	N IOF INO .						
ſ	If the	answer is "Yes", please	specify the resu	lts as follows:					
	For	English proficiency asso	<u>essment</u>						
		Reading		Level attained:		Y	ear of Attempt:		
		Writing		Level attained:	evel attained:		ear of Attempt:		_
	☐ Listening		Level attained:		Y	Year of Attempt:			
	☐ Speaking		Level attained:		Year of Attempt:				
	☐ Classroom Language Asssessment		Level attained:		ear of Attempt:		_		
	For	Putonghua proficiency a	assessment						
	□ Listening and Recognition (聆聽與認辨)		Level attained:		Ye	ear of Attempt:		_	
	「中藏央応辨) □ Pinyin (拼音)		Level attained:		Y	ear of Attempt:			
		Oral (口試)		Level attained:		Y	ear of Attempt:		_
		Classroom Language A (課堂語言運用)	Asssessment	Level attained:		Y	ear of Attempt:		
ļ									
		AΓ	DITIONAL	QUALIFICAT	IONS (Plea	se provide information	in chronological o	order.)	
		ve details of any addition. Attach additional she			rements of non-acad	demic nature which ma	ay be of assistance	e to the Institute in considering	g your
	Date of Award		Name of A	Awarding Body			Qualification		

	INFORMATION ON CURRENT TEACHING APPOINTMENT									
Aro If y	e you a full-time secondary / primary s	school teacher? hool teacher"; "P" for "primary scho	ool teacher" or "N" for "No".							
If y	ves, please provide the following infor	mation:								
a.	Are you a Language Subject Panel C	Chairperson? If yes, please enter "Y"	or "N" for "No".							
b.	Have you held a senior or administr	ative post? Please enter "Y" for "Ye	s" or "N" for "No". If yes, please	specify.						
c.	Name and Address of Current Schoo (Use BLOCK LETTERS in English									
	School Name:			For Office Use						
	School Address:									
	School District Code	(Please refer to the list of district	codes in the "Application Guide"	".)						
d.	Please use the following codes to in i) A P P PM W Whole	·								
	ii)	ized School Subsidy School Iment School School School								
e.	Total no. of periods per week / cycle	currently taught.								
f.	Please indicate the major teaching s		nd level currently taught.							
	Major Teaching Subject(s)	Periods Per Week / Cycle	Level Currently Taught*	Normal Class (NC) Resource Class (RC)						
	* Please use the following codes	to indicate the level currently taught	<u> </u>							
	J = P1 – P3 S = P4 - P6 B = P1 - P6	S1 – S3 S4 – S7 S1 – S7								
	ease indicate the total number of years ount up to 1 September 2003)	and months of full-time teaching ex	sperience (including current school	ol): Year Month						
	ease indicate the total number of years ount up to 1 September 2003) (For	and months of full-time language to applicants applying for E3B012 pro		rent school):						
F										
En	glish Teaching Experience	Year Month	Chinese / Putonghua Teachi	ing Experience Year Month						

OTHER FULL-TIME TEACHING EXPERIENCE

Please provide information in chronological order.

Date (Mo	nth / Year)	Name of School	Rank (e.g. Certificated Master / Mistress)	Teaching Subjects		
From	То		Mistress)			

ADDITIONAL RELEVANT INFORMATION
Please provide any information which you think is relevant to the assessment of your application.
DECLARATION BY APPLICANT
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DECLARATION BY APPLICANT 1. I declare that all the information given above in support of my application is to the best of my knowledge accurate and complete. I understand that any omission or misrepresentation of information will lead to disqualification of my application for admission and subsequent enrollment in the Institute.
I declare that all the information given above in support of my application is to the best of my knowledge accurate and complete. I understand that any omission.
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	RECOMMENDATIONS (It is at the applicant's discretion to invite the employer to complete this section.)							
In a	In accordance with the Personal Data (Privacy) Ordinance, the information provided here will be released to the applicant on his / her request.							
1.	I certify that Mr / Mrs / Ms / Miss* is a serving full-time Teacher / Panel Chairperson /							
	Principal / Others* (please specify) in my school.							
2.	Do you recommend the applicant to study this programme(s) for which he/she applies? Please enter "Y" for Yes or "N" for No. Please state the reasons below:							
Sig	nature of Supervisor / Principal*: School Seal							
Na	me of Supervisor / Principal*:							
	(Please use BLOCK LETTER)							
Da								
*	Please delete whichever is inappropriate.							

		For Office Use
		Application No.
	APPLICATION FEE	
Please s	tick the receipt of application fee below:	
	Please stick the application fee pay-in-slip (with "HKIEd's Copy") or ATM Adv	ice
	CHECKLIST	
Before s	submitting your application, please check if you have:	
		For Office Use
$\overline{\checkmark}$	filled in the correct programme code(s) and subject code(s)	
\checkmark	stuck the receipt of application fee	
\checkmark	attached a copy of each of the academic documents stated in your application	
\checkmark	signed and dated the application form	
		Academic Documents Transcripts 1st Year 2nd Year 3nd Year 4th Year Certificates