



**G.T. (Ellen Yeung) College  
Secondary Section**

**Part-time Talent Development Programs Tutor  
Application Form**

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

For Office Use

**Post Applied: 2025-2026 學年兼職普通話課後提升班導師**

**A. PERSONAL PARTICULARS**

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

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

Dates (Month/Year)		Name of Organization/Employer	*Position Held	Nature of Work/Duties
From	To			

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

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

Dates (Month/Year) (Please state if Part-time)		Full Name & Location of <b>Secondary &amp; 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 (Month/Year)	Copy Verified (For Office Use)
From	To						

**D. SUPPLEMENTARY INFORMATION**

Expected Salary    HK\$	per lesson (45 mins)	Date Available (Day/Month/Year)
Others		

**E. DECLARATION**

a. Have you ever previously been convicted of a criminal offence in Hong Kong or elsewhere, or involved in any ongoing criminal proceedings or investigations to the best of your knowledge, including but not limited to arrest or apprehension by the police?

Yes  
 No

b. Do you give consent to/agree to :

Voluntarily submit application to the Sexual Conviction Record Check (SCRC) Office of the Hong Kong Police Force to undergo the SCRC, and authorize the School to access the check result through the Auto-Telephone Answering System?

Yes  
 No

I declare that the information and documents provided in this application are, to my best knowledge, accurate and complete. I understand that my application will be disqualified if any information and document provided is found to be false.

Signature \_\_\_\_\_

Date \_\_\_\_\_

All information provided will be treated as confidential and will only be used for recruitment purpose.