

## Study Visit Subsidy Scheme for Teaching Staff Application Intention Form

Please complete the form in BLOCK LETTERS. This form may be photocopied.

<b>School Code</b>		<b>School Name</b>			
<b>Name of Contact Person</b>		<b>Tel. No.</b>		<b>Fax No.</b>	

We are applying for \_\_\_\_\_ teaching staff of our school to participate in the "Study Visit Subsidy Scheme for Teaching Staff". The details of participants are as follow:

No.	Name of the Teaching Staff	Teaching Staff Number*	No.	Name of the Teaching Staff	Teaching Staff Number*

\* For new teaching staff who has not completed registration yet, please fill in the ID number.

We declare hereby that all information provided in this form is true and complete.

Date      /      /  
            Year      Month      Day

\_\_\_\_\_  
Signature of school person-in-charge and  
school seal