

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

School Code		School Name			
Name of Contact Person		Tel. No.		Fax No.	

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