

Causeway Bay Victoria Kindergarten and Int'l Nursery Causeway Bay Victoria International Kindergarten



Central Office: Room 501, 32 Hing Fat Street, Causeway Bay, Hong Kong

APPLICATION FOR EARLY CHILDHOOD EDUCATOR

Please complete the form in writing and email to <u>cbrecruit@cbvictoria.edu.hk</u> or fax to Ms. Maria Lau, Director of English Studies at (852) 2503 2264

Note: The personal data collected in this application form will be used to assess the applicant's suitability to assume the job duties of the position to which he/she has applied and to determine the remuneration subject to selection for the position. The data held by us will be kept confidential but upon appointment, relevant information may be disclosed and divulged to other schools and relevant departments within Victoria Educational Organisation.

Section 1 : Personal De	tails								
Surname :			Given Name :						
Date of Birth:			Gender: □Male □Female						
Nationality :			First Language :				- Photo		
Home Address (overseas): HK address (if any):							PIIO		
Home Telephone : Mobile: E-mail : Skype:									
Marital Status: ☐ Single ☐	Married; Numl	per of Childre	en:	Age(s):			····		
If you were born in HK, at w	hat age did you	start to study	/ overseas? _	yea	ars old				
If you are currently staying i	n HK, please sta	te your statu	s: 🔲 HK Pe	rmanent Reside	nt 🚨 Work	:/Dependent V	isa Holder		
Are you a registered teacher? ☐ No /☐ Yes Permit No. (if applicable): (Granted))		
**Please note that you ha 2" below.	ve to submit all	supporting d	ocuments in I	relation to the in	nformation a	nd qualificatio	n specified in	"Section	
Section 2 : Education and (Please give details of qualification	-		ently working to	wards, which are re	levant to the jol	o for which you ar	e applying)		
Teaching Name of Institution		Specialist/		Date	Date		Please indicate		
Qualifications	ivanie of institution		Major Subject (s)		Commence	d Awarded	F/T	P/T	
Did you undertake a practic	cum during your	study?	No □Yes (pl	ease provide ar	ny evidence d	of completing	your practicu	ım)	
Practicum Duration			Name of	Institution		Age Range/s Taught by You			

Other Professional			 		Specialist/	Date	Date		Please indicate		
Qualifications/Certificates		es	Awarding Body		Major Focus	Commenced	Awarded	F/T	P/T	Ext	
								1,,.	1,1		
Professio	nal Training under	taken s	since obtaining yo	our p	rofessional qualificatio	n					
Section	3 : Work Expe	rience	e as a Qualifie	d Te	eacher (in chronological o	rder starting from you	ur most recent a	nnointme	ent)		
			me / Part-Time			Age Range/s	Period of service				
POSITION HOLD			f PT, state fraction)		ool Name and Address	Taught by you	From(month/year) To (month/year)			th/year)	
Referra	al Details										
Where	did you hear abo	out thi	is post?								
If you v	were referred by	a pres	sent member of	VEC	staff, please state th	neir names for o	ur records.	Thank	you.		
Section	4 : Referees										
					confirm that you meet th						
					friend. If you are (or have , one referee should be a						
					onal Organisation to conta						
	rther authority from										
A.	Name					Position or relatio					
	Company Name										
Telephone						Email					
D						Bacition annulation 11 to					
В.	Name					Position or relationship to you					
	Company Name										
	Company Hame										
	Telephone				1	Email					
Section	5: Disclosure of	of Crir	minal Backgrou	und							
					JST answer the following	questions about cu	rrent and ALL p	revious	criminal co	nvictions.	
-					and will be considered onl			isclosure	e of a crimii	nal record	
					ation considers that the c ion being rejected, or if y			it is sub	seguently l	earnt that	
	criminal conviction.		ala icaa to your app	piica	ion being rejected, or it y	ou were appointed,	, to distillssal ii	11 13 300.	sequently i	carric triat	
1. Have	you ever been cau	utioned	d. or convicted of	anv	criminal offence?		□ No □	Yes			
					not yet been brought	to trial?	□ No □				
Cootion	6. Dealaration										
	6: Declaration		ava provided is tru	10. 20	d accurate to the best of	f my knowlodgo I	understand the	at if I wa	illfully give	any falso	
					oplication form, or fail to						
informatio	on provided, it will i	render	me liable to disqu	ıalific	ation for employment or	termination of er	mployment, if	employe			
					ntisfactory qualifications, i			cks.			
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Signed:						Date:					