

To: Recurrent Subventions Section, Education Bureau  
 [Attn.: AOI(RS)]

**Claim Form for Substitute Nurse Grant (SNG) and Daily-Rated Supply Nurse in Aided Special Schools**

Please read the attached Personal Information Collection Statement carefully before completing this form.

School Name: \_\_\_\_\_ School Code: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

I would like to claim SNG as follows:

**Section A SNG in exchange for vacant Nursing Officer (NO) post(s)**

| N/R @        | Section <sup>1</sup> |     | Period          |               | No. of Calendar days | Vacancy period of less than 30 days  |                                | Revocable freezing on vacancy period of not less than 30 days |                                       | MPF Subsidy <sup>6</sup> \$ (if applicable) (e) | SNG Amount \$ (f) = (a) × (b) + (e) or (c) × (d) + (e) |
|--------------|----------------------|-----|-----------------|---------------|----------------------|--------------------------------------|--------------------------------|---|---------------------------------------|---|--|
|              | Sch                  | Bdg | From (dd/mm/yy) | To (dd/mm/yy) |                      | No. of working days <sup>2</sup> (a) | Daily rate <sup>3</sup> \$ (b) | Number of Qualified Months <sup>4</sup> (c)                   | Monthly Salary <sup>5(i)</sup> \$ (d) |   |  |
| 1            | *N/R                 |     |                 |               |                      |                                      |                                |   |                                       |   |  |
| 2            | *N/R                 |     |                 |               |                      |                                      |                                |   |                                       |   |  |
| 3            | *N/R                 |     |                 |               |                      |                                      |                                |   |                                       |   |  |
| <b>Total</b> |                      |     |                 |               |                      |                                      |                                |   |                                       |   |  |

@ - N: New claim post / R: Revised claim (Copy of previous claim dated : \_\_\_\_\_ attached)

\* Please delete as appropriate

School Code: \_\_\_\_\_

**Section B SNG in exchange for vacant registered nurse (RN) post(s)**

| N/R @        | Section <sup>1</sup> |     | Period             |                  | No. of<br>Calendar<br>days | Vacancy period of<br>less than 30 days     |                                      | Revocable freezing on<br>vacancy period of<br>not less than 30 days |   | MPF<br>Subsidy <sup>6</sup><br>\$<br>(if applicable)<br>(e) | SNG Amount \$<br>(f) = (a) × (b) + (e)<br>or<br>(c) × (d) + (e) |
|--------------|----------------------|-----|--------------------|------------------|----------------------------|--|--------------------------------------|---|---|---|---|
|              | Sch                  | Bdg | From<br>(dd/mm/yy) | To<br>(dd/mm/yy) |                            | No. of working<br>days <sup>2</sup><br>(a) | Daily rate <sup>3</sup><br>\$<br>(b) | Number of<br>Qualified<br>Months <sup>4</sup><br>(c)                | Monthly<br>Salary <sup>5(ii)</sup><br>\$<br>(d) |   |   |
| 1            | *N/R                 |     |                    |                  |                            |  |                                      |   |   |   |   |
| 2            | *N/R                 |     |                    |                  |                            |  |                                      |   |   |   |   |
| 3            | *N/R                 |     |                    |                  |                            |  |                                      |   |   |   |   |
| 4            | *N/R                 |     |                    |                  |                            |  |                                      |   |   |   |   |
| 5            | *N/R                 |     |                    |                  |                            |  |                                      |   |   |   |   |
| <b>Total</b> |                      |     |                    |                  |                            |  |                                      |   |   |   |   |

@ - N: New claim post / R: Revised claim (Copy of previous claim dated : \_\_\_\_\_ attached)

\* Please delete as appropriate

**Section C SNG in lieu of temporary replacement for nurse(s) on approved leave**

| Information of the nurse(s) on leave |                  |                            |                      |     |              |    |                            | Information for SNG                   |  |                                      |  |  |   |   |
|--------------------------------------|------------------|----------------------------|----------------------|-----|--------------|----|----------------------------|---------------------------------------|--|--------------------------------------|--|--|---|---|
| Name                                 | SRN <sup>7</sup> | Post<br>(NO/<br>RN/<br>EN) | Section <sup>1</sup> |     | Leave period |    | No. of<br>Calendar<br>days | Reason<br>for<br>absence <sup>8</sup> | Leave period of<br>less than 30 days       |                                      | Leave period of<br>not less than 30 days         |  | MPF<br>Subsidy <sup>6</sup><br>\$<br>(if applicable)<br>(e) | SNG Amount<br>\$<br>(f)=(a)x(b) + (e)<br>or (c)x(d)+(e) |
|                                      |                  |                            | Sch                  | Bdg | From         | To |                            |                                       | No. of<br>working days <sup>2</sup><br>(a) | Daily rate <sup>3</sup><br>\$<br>(b) | No. of<br>qualified<br>month <sup>4</sup><br>(c) | Monthly<br>salary<br><sup>5(i)/(ii)/(iii)</sup><br>\$<br>(d) |   |   |
|                                      |                  |                            |                      |     |              |    |                            |                                       |  |                                      |  |  |   |   |
|                                      |                  |                            |                      |     |              |    |                            |                                       |  |                                      |  |  |   |   |
|                                      |                  |                            |                      |     |              |    |                            |                                       |  |                                      |  |  |   |   |
| <b>Total</b>                         |                  |                            |                      |     |              |    |                            |                                       |  |                                      |  |  |   |   |

NO – Nursing Officer; RN – registered nurse; EN – enrolled nurse.

I would like to claim **daily-rated supply nurse reimbursement** as follows:

**Section D Employer’s contribution to MPF Schemes is not required**

| Information of the nurse(s) on leave |                  |                            |                      |     |              |    |                                    | Information of supply nurse |               |    | No. of<br>working<br>days <sup>2</sup> | Daily rate <sup>3</sup><br>\$ | Salary<br>Amount<br>\$ |
|--------------------------------------|------------------|----------------------------|----------------------|-----|--------------|----|------------------------------------|-----------------------------|---------------|----|--|-------------------------------|------------------------|
| Name                                 | SRN <sup>7</sup> | Post<br>(NO/<br>RN/<br>EN) | Section <sup>1</sup> |     | Leave period |    | Reason for<br>absence <sup>8</sup> | Name of supply nurse        | Supply period |    |  |                               |                        |
|                                      |                  |                            | Sch                  | Bdg | From         | To |                                    |                             | From          | To |  |                               |                        |
|                                      |                  |                            |                      |     |              |    |                                    |                             |               |    |  |                               |                        |
|                                      |                  |                            |                      |     |              |    |                                    |                             |               |    |  |                               |                        |
|                                      |                  |                            |                      |     |              |    |                                    |                             |               |    |  |                               |                        |
| <b>Total</b>                         |                  |                            |                      |     |              |    |                                    |                             |               |    |  |                               |                        |

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**Section E Employer's contribution to MPF Schemes is required (when the continuous period of service is 60 days or more) <sup>6</sup>**

| Information of the nurse(s) on approved leave |                  |                         |                      |     |              |    | Information of supply nurse     |                      |               | No. of working days <sup>2</sup> | Daily rate <sup>3</sup><br>\$ | Salary Amount<br>\$ | MPF subsidy<br>\$ | Contract period |    |    |
|---|------------------|-------------------------|----------------------|-----|--------------|----|---------------------------------|----------------------|---------------|----------------------------------|-------------------------------|---------------------|-------------------|-----------------|----|----|
| Name  | SRN <sup>7</sup> | Post (NO/<br>RN/<br>EN) | Section <sup>1</sup> |     | Leave period |    | Reason for absence <sup>8</sup> | Name of supply nurse | Supply period |                                  |                               |                     |                   | From            | To |    |
|   |                  |                         | Sch                  | Bdg | From         | To |                                 |                      | From          |                                  |                               |                     |                   |                 |    | To |
|   |                  |                         |                      |     |              |    |                                 |                      |               |                                  |                               |                     |                   |                 |    |    |
|   |                  |                         |                      |     |              |    |                                 |                      |               |                                  |                               |                     |                   |                 |    |    |
|   |                  |                         |                      |     |              |    |                                 |                      |               |                                  |                               |                     |                   |                 |    |    |
| <b>Sub-total</b>                              |                  |                         |                      |     |              |    |                                 |                      |               |                                  |                               |                     |                   |                 |    |    |
| <b>Total</b>                                  |                  |                         |                      |     |              |    |                                 |                      |               |                                  |                               |                     |                   |                 |    |    |

**Note:**

1. Enter '✓' to indicate the vacant nurse post /the nurse on leave is from school (Sch) or boarding (Bdg) section.
2. The number of working days should exclude holidays of schools/boarding sections, public holidays, discretionary holidays or any days on which the nurse is not required to perform duties.
3. Please refer to the relevant EDB circular memorandum on the prevailing daily rates of pay for supply staff in aided schools. For the purpose of (i) filling vacant Nursing Officer and Registered Nurse post of less than 30 days; or (ii) temporary replacement for Nursing Officer / Registered Nurse (including Registered Nurse with psychiatric nursing training) on approved leave of less than 30 days, the SNG is calculated based on the daily rate of the Registered Nurse. For the purpose of daily-rated supply nurse reimbursement, the reimbursement for the post of Nursing Officer / Registered Nurse is calculated based on the daily rate of the Registered Nurse.
4. Calculate the number of qualified months from the starting date to the ending date (both dates inclusive) for SNG by adding up the following 3 elements:
  - (i) the proportion of qualified number of days, if any, in the starting month to its total number of calendar days;
  - (ii) number of completed calendar months, if any; and
  - (iii) the proportion of qualified number of days, if any, in the ending month to its total number of calendar days.

For example:

Assuming the Qualified Period for SNG starts from 5 February to 26 May, the Number of Qualified Months should be calculated as follows:

- (i) 24 being number of days in the starting month (5 to 28 February) divided by 28 (the total number of days in February) = 0.857 months;
- (ii) 2 being number of completed calendar months of March and April;
- (iii) 26 being number of days in the ending month (1 to 26 May) divided by 31 (being the total number of days in May) = 0.839 months; and
- (iv) The Number of Qualified Months should be the sum of the above 3 elements (rounded at 3 decimals), i.e. 0.857 + 2 + 0.839 = 3.696.

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5. (i) Enter the starting salary of Nursing Officer, i.e. salary amount of the MPS Point 26;  
(ii) Enter the mid-point salary of Registered Nurse, i.e. salary amount of the MPS Point 20;  
(iii) Enter the mid-point salary of Enrolled Nurse, i.e. salary amount of the MPS Point 15
6. Employer's contribution to MPF Schemes (5% of the monthly salary capped at maximum amount stipulated under prevailing MPF regulations) will be included if the qualified period is of 60 days or more. For encashment for a period of less than 60 calendar days for freezing of vacant nurse post or temporary replacement for nurse on approved leave, and the contribution to MPF Schemes is required, please provide supporting information.
7. Enter Staff Reference Number of the nurse on leave.
8. Please note that granting of leave should follow the respective sessions of the Code of Aid, School Administration Guide, EDB Circular No. 1/2006, EDB Circular No. 16/2015 (applicable to paternity leave) and EDB Circular No. 16/2018 (applicable to maternity leave).

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I certify that:

- (i) (for reimbursement of daily-rated supply nurse) the emoluments have been paid to the \* daily-rated supply nurse and/or MPF Scheme trustees concerned, relevant receipts being attached for your records;
- (ii) consent has been obtained from my school's SMC/IMC and the majority of nurse(s) for freezing the nurse post(s) under Section A and B in the above-mentioned period in the school year;
- (iii) the frozen nurse post(s) claiming SNG under Section A and B arises from vacant regular post(s) during the claim period and this request for payment complies with the conditions set out for SNG applications; and
- (iv) no duplicate claim has been made for government subventions on account of the same leave/vacancy set out in Sections A to E.

My school will refund to the Education Bureau any over-payment of grant.

(School chop)

Signature of Supervisor/School Head: \_\_\_\_\_

Name of Supervisor/School Head: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel No.: \_\_\_\_\_

c.c. SSDO( )

\* Please delete as appropriate

## **Claim Form for Substitute Nurse Grant (SNG) and Daily-Rated Supply Nurse in Aided Special Schools Personal Information Collection Statement**

### Purpose of Collection

1. The personal data provided by you in this form will be used by the EDB for one or more of the following purposes:
  - (a) Activities relating to the processing, authentication and counter-checking of the form for cash grant;
  - (b) Activities relating to matching of the personal data with the database of other relevant Government bureaux / departments in connection with the processing, authentication and counter-checking of the form mentioned in (a) above;
  - (c) Activities relating to matching of the personal data within the database of EDB for purposes of verifying / updating records of the EDB;
  - (d) Activities relating to training and development including invitation of participation in programmes/activities, applications for reimbursement of course fees, assessment of nominations, awards and scholarship, and monitoring of attainment progress;
  - (e) Activities relating to the processing and vetting of applications for, and disbursement of, funding / grants / subsidies, and conducting of audits;
  - (f) Activities relating to compilation of statistics, research and Government publications; and
  - (g) Activities relating to the administration and enforcement of rules and regulations including the Education Ordinance (Cap. 279), its subsidiary legislation (such as the Education Regulations and the Grant/Subsidized Schools Provident Fund Rules) and the Codes of Aid.
  
2. The provision of personal data required by this form and during the processing of this form is obligatory. In the event that you do not provide those personal data, we may not be able to handle or further process the form.

### Classes of Transferees

3. The personal data you provide will be made available to persons working in EDB. Apart from this, they may be transferred or disclosed to the parties or in the circumstances listed below:-
  - (a) other Government bureau and departments for the purposes mentioned in paragraph 1 above;
  - (b) the school in which the form relates for the purposes mentioned in paragraph 1 above;
  - (c) where you have given your prescribed consent to such disclosure; and
  - (d) where such disclosure is authorised or required under the law or court order applicable to Hong Kong.

### Access to Personal Data

4. You have the right to request access to and correction of your personal data held by EDB. Request for access or correction of personal data should be made in writing to Inspector (Special Education Support 1)1 at Room W229, West Block, Education Bureau Kowloon Tong Education Services Centre, 19 Suffolk Road, Kowloon Tong, Kowloon or email to ises11@edb.gov.hk.