

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

**Claim Form for Cash Grant for Speech Therapist (CGST) in Aided Special Schools**

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

**Name of School :** \_\_\_\_\_ **School Code:** \_\_\_\_\_

**Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

I would like to claim CGST as follows:

**Section A CGST in exchange for one/two vacant speech therapist (ST) post(s) <sup>1</sup>**

N/R @	Revocable Freezing of Vacancy of Period (not less than 30 days)			Vacant Post		CGST Amount \$ (d) = (a) × (b) + (c)
	From (dd/mm/yy)	To (dd/mm/yy)	Number of Qualified Months <sup>2</sup> (a)	Monthly Salary <sup>3</sup> \$ (b)	MPF Subsidy <sup>4</sup> \$ (c)	
* N/R						
* N/R						

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

\*Please delete as appropriate.

**Section B CGST in lieu of temporary replacement for ST on approved leave of not less than 30 days**

Information of the ST(s) on leave				Information for CGST						
Name	SRN <sup>5</sup>	Leave Period		Reason for Absence <sup>6</sup>	Qualified Period		Number of Qualified Months <sup>2</sup> (a)	Monthly Salary <sup>3</sup> \$ (b)	MPF Subsidy <sup>4</sup> \$ (c)	CGST Amount \$ (d) = (a) x (b) + (c)
		From (dd/mm/yy)	To (dd/mm/yy)		From (dd/mm/yy)	To (dd/mm/yy)				
<b>Total</b>										

Note:

- Only one ST vacant post can be frozen and encashed during the period from 1 January 2014 to 31 August 2014. Starting from the 2014/15 school year, schools with less than 4 ST posts in the staff establishment can freeze and encash one ST vacant post while schools with 4 ST posts or more in the staff establishment can freeze and encash a maximum of two ST vacant posts.
- Calculate the number of qualified months from the starting date to the ending date (both dates inclusive) for CGST by adding up the following 3 elements:
  - the proportion of qualified number of days, if any, in the starting month to its total number of calendar days;
  - number of completed calendar months, if any; and
  - 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 CGST starts from 5 February to 26 May, the Number of Qualified Months should be calculated as follows:

- 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;
- 2 being number of completed calendar months of March and April;
- 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
- The Number of Qualified Months should be the sum of the above 3 elements (rounded at 3 decimals), i.e.  $0.857 + 2 + 0.839 = 3.696$

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

3. Enter the mid-point salary of ST which is at Master Pay Scale point 26 with effect from the 2013/14 school year.
4. 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 ST or temporary replacement for ST on approved leave, and the contribution to MPF Schemes is required, please provide supporting information.
5. Enter Staff Reference Number of the ST on leave.
6. Please note that granting of leave must follow EDB Circular No. 1/2006.

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I certify that:

- (i) consent has been obtained from my school's SMC/IMC and the majority of ST(s) for freezing the ST post(s) under Section A in the above-mentioned period in the school year;
- (ii) the frozen ST post(s) claiming CGST under Section A arises from vacant regular post(s) during the claim period and this request for payment complies with the conditions set out for CGST applications;
- (iii) no duplicate claim has been made for government subventions on account of the same frozen period / leave set out above; and

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( )

## **Claim Form for Cash Grant for Speech Therapist (CGST) 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.