To : Recurrent Subventions Section, Education Bureau

 [Attn.: AOI(RS)]

Claim Form for Cash Grant for Occupational Therapist (CGOT) 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 CGOT as follows:

Section A   CGOT in exchange for one/two vacant Occupational Therapist (OT) post(s)[1]

	Rank of the vacant post for cash grant	N/R @	Revocable Freezing of Vacancy of Period (not less than 30 days)			Vacant Post		CGOT Amount $ $(d) = (a) \times (b) + (c)$
			From (dd/mm/yy)	To (dd/mm/yy)	Number of Qualified Months[2] (a)	Monthly Salary[3] $ (b)	MPF Subsidy[4] $ (c)	
1.		*N/R						
2.		*N/R						

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

* Please delete as appropriate

Section B   CGOT in lieu of temporary replacement for OT on approved leave of not less than 30 days

Information of the OT (s) on leave						Information for CGOT					
Name	SRN[5]	Rank[5]	Leave Period		Reason for Absence[6]	Qualified Period		Number of Qualified Months[2] (a)	Monthly Salary[3] $ (b)	MPF Subsidy[4] $ (c)	CGOT Amount $ (d) = (a) × (b) ✚ (c)
			From (dd/mm/yy)	To (dd/mm/yy)		From (dd/mm/yy)	To (dd/mm/yy)				
								Total			

Note:

1. A maximum of two OT vacant posts can be frozen and encashed;

2. Calculate the number of qualified months from the starting date to the ending date (both dates inclusive) for CGOT 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 CGOT 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.

3. Enter the mid-point salary of the OT II post or the starting salary point of OT I / SOT, if applicable.   With effect from the 2013/14 school year, the mid-point salary of an OT II is at Master Pay Scale (MPS) Point 19, and the starting salaries of OT I and SOT are at MPS Point 25 and 34 respectively.

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 OT or temporary replacement for OT on approved leave, and the contribution to MPF Schemes is required, please provide supporting information.

5. Enter Staff Reference Number and rank of the OT on leave.

6. Please note that granting of leave must follow EDB Circular No. 1/2006.

I certify that:

    (i)   consent has been obtained from my school's SMC/IMC and the majority of OT(s) for freezing the OT post(s) under Section A in the above-mentioned period in the school year;

    (ii)   (*for revocable freezing or temporary replacement of promotion rank, i.e. OT I/SOT*) the school has proven genuine need for the encashment of the promotion rank;

    (iii)   the frozen OT post(s) claiming CGOT 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 CGOT applications;

    (iv)   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 Occupational Therapist (CGOT) 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.