**Appendix 2**

**Nomination Form for Serving Principal External Observers**

**(For Nomination by School Sponsoring Bodies/Operators)**

**Part A (To be completed by the school sponsoring bodies/operators)**

To Permanent Secretary for Education
Attn: Ms YAU So-ching
 Kindergarten Inspection Section
 Room 1216, 12/F, Wu Chung House,
 213 Queen’s Road East, Wanchai, Hong Kong
 (Please submit the form via email ikg63@edb.gov.hk or fax 3104 0865)

Our school sponsoring body/operator **nominates** the following principals to take part in the Serving Principal External Observer Scheme in Quality Review:

|  |  |  |
| --- | --- | --- |
|  | Name of School | Name of Principal |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |

(Please continue on a separate sheet if the space provided is insufficient)

Signature of Representative of School Sponsoring Body/Operator:

Name of Representative of School Sponsoring Body/Operator:

 (Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Name of School Sponsoring Body/Operator:

Contact Number:

Date:

**Part B (To be completed by the principal being nominated)**

To Permanent Secretary for Education
Attn: Ms YAU So-ching
 Kindergarten Inspection Section
 Room 1216, 12/F, Wu Chung House,
 213 Queen’s Road East, Wanchai, Hong Kong
 (Please submit the form via email ikg63@edb.gov.hk or fax 3104 0865)

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the Principal) **am nominated to take part in** the Serving Principal External Observer Scheme in Quality Review. I have read and understood the duties of and the code of practice for external observers. I have **no less than 10 years of teaching experiences in early childhood education, including no less than 5 years of related managerial and supervisory experiences** (including experiences as senior teacher, vice principal or principal)\*. Details are as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Organisation/School | Position Held\* | Date (Month/Year) | Duration |
| In chronological order |
| From | To | Year | Month |
| *Example：**ABC Kindergarten* | *Teacher* | *12/11* | *08/17* | *5* | *9* |
| *XYZ Kindergarten* | *Senior Teacher* | *09/17* | *08/20* | *3* | *0* |
| *XYZ Kindergarten* | *Principal* | *09/20* | *08/24* | *4* | *0* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*\* Full-time experiences acquired as at the application date would be counted. All information collected is for the present application only.*

|  |
| --- |
| Name of School: School Number:  |
| Contact Number:  | Email:  |
| Signature of School Supervisor: Name of School Supervisor:  |
| Signature of School Principal: Date:  |