**ESF COVID-19 Emergency Assistance Scheme**

**Application Form**

Please return the completed form together with the supporting documents to:

**Billing Department, The English Schools Foundation, 25/F 1063 King’s Road, Quarry Bay, Hong Kong** viaregistered mail.

You may also submit by EMAIL to**:** **covid19relief@esfcentre.edu.hk**

Only one form is required per family.

**Name of Applicant :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship with Student :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact phone Number :** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Email :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Particulars of student(s) attending ESF Schools**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Child** | **School** | **Class** | **ESF Number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Reason for Applying**

**(1) Employee**

Name of Employer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Salary (before pay-cut / job loss) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select the appropriate boxes below.

**🞏 Unemployment** (Please attach company termination letter and inform ESF once a new job is secured.)

**🞏 Pay-cut / No-pay leave**

1. I declare my monthly salary has been reduced from HK$\_\_\_\_\_\_\_\_\_\_\_ to HK$\_\_\_\_\_\_\_\_\_\_\_ for the period from\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Please attach company letter and salary payment slip)
2. I declare I had to take \_\_\_\_\_\_\_\_\_\_\_ day(s) / week(s) no-pay leave in every \_\_\_\_\_\_\_\_\_\_ week / month during the period from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_. (Please attach company letter and salary payment slip.)

**(2) Self-employed**

**🞏 Drop of Business Revenue**

Nature of business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I declare the latest monthly revenue of my business has been dropped from HK$\_\_\_\_\_\_\_\_\_\_\_\_ to HK$\_\_\_\_\_\_\_\_\_\_\_ during the period from the month of \_\_\_\_\_\_\_\_\_\_\_in \_\_\_\_\_\_\_to the month of \_\_\_\_\_\_\_\_\_\_ in 2020.

(Please attach Business Registration copy and income proof. Best estimation is acceptable in the absence of income proof.)

*\*ESF reserves the right to obtain the documentary evidence for future examination.*

**\*\*To be completed by both (1) Employee and (2) Self-employed:**

I declare my family income before the COVID-19 outbreak was HK$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and has been reduced to HK$\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration by Applicant**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name in block letters) have read and fully understood the information requested in the Application Guideline on the COVID-19 Emergency Asssistance Scheme. I declare that the information provided by me in this application form is complete and true to the best of my knowledge. Should there be a change in financial circumstances, I will immediately inform the ESF of such change in writing.

I understand that if my family members have any direct or indirect interest with ESF or being an employee of ESF, I shall make a declaration in this application.

Signature of Applicant(s): \_\_\_\_\_\_\_\_\_ \_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_