

SPACE TOWN LITERACY PROGRAMME FOR KS1

APPLICATION FORM 2025/26

Please complete the form **in English** and return it to the NET Section of the Education Bureau either:

i) by post

Native-speaking English Teacher Section
Education Bureau,
Rm 1120, 11/F, Tsuen Wan Multi-storey Carpark Building
174-208 Castle Peak Road, Tsuen Wan,
New Territories, **or**

ii) by fax

Fax No. 2334 8707

The completed application form should reach the office **on or before Wednesday, 30 April 2025**. Each school should submit ONE application form only. Application forms with incomplete information will NOT be considered.

1. School Details

1.1 Name of School:

1.2 Name of Principal: Mr/Ms _____ Tel. No.: _____

1.3 Name of English Panel Head: Mr/Ms _____ Tel. No.: _____

1.4 School Address: _____

1.5 School Telephone No.: _____ 1.6 Fax No.: _____

1.7 PLP-R/W: Yes / No (Please circle) If yes, please indicate year of joining _____

1.8 Keys2: Yes / No (Please circle) If yes, please indicate year of joining _____

1.9 DTS: Yes / No (Please circle) If yes, please indicate year of joining _____

2. Student Details

Please provide the information as required.

2.1 Estimated total number of P1 classes in the 2025/26 school year: _____

2.2 Estimated total number of P1 students in the 2025/26 school year: _____

2.3 Estimated total number of **English** lessons for P1 classes per week/cycle* in the 2025/26 school year: _____ lessons (per week / ____-day cycle*)
(* delete where appropriate)

2.4 Textbook and supplementary materials for P1 in the 2025/26 school year:

Level	Name of Textbook and Supplementary Material(s) to be used
P1	

3. Details about Support from Other EDB Sections

3.1 Are you currently receiving support for the implementation of the English language curriculum from other EDB Sections? **Yes/No*** (* delete where appropriate)

3.2 If **yes**, which Section(s)? What type of support are you currently receiving and in which year level? Would this support continue in the 2025/26 school year?

4. Commitment

4.1 Please indicate the availability of the following to support the implementation of SPACE TOWN Literacy Programme for KS1 in September 2025. (Please put a tick in the appropriate box.)

	Our school has:	Yes	No
A.	a language-rich English Room		
B.	a culture of co-planning and co-teaching between LETs and NET		
	Our school will:		
C.	identify a LET as the SPACE TOWN Coordinator		
D.	implement the programme (6 Units of Work per year); <ul style="list-style-type: none"> Unit of Work (7-8 double lessons per unit, i.e. two 70-minute lessons per week) GE Support Package (11-12 single lessons per unit, i.e. three 35-minute lessons per week) 		
E.	ensure at least one hour per week is set aside for co-planning for both the Unit of Work and GE Support Package		
F.	order both A and B textbooks (if applicable) for the start of the school year		
G.	use a maximum of one supplementary workbook		
H.	ensure teachers attend all required centralised PD workshops		
I.	engage a Classroom Assistant for the two double-lessons per week on the Units of Work		
J.	allocate an annual budget for buying or printing: <ul style="list-style-type: none"> learning and teaching resources (including student booklets) SDLA booklets (after the first three years of implementation) commercial Guided Reading books and Reading Aloud books e-learning resources 		
K.	agree to Advisory Teacher classroom support for the Units of Work and GE Support Package		
L.	ensure appropriate storage and care of loaned resources from the Education Bureau during the programme implementation		
M.	support data collection and assist in the dissemination of good practices		

- 4.2 I certify that all the information given in this application is true and accurate and agree to:
- commit to the SPACE TOWN Literacy Programme for KS1 for three years with the same cohort of students (2025/26 to 2027/28)¹;
 - implement the Programme by providing full support for the areas listed above in Part 4.1; and
 - make the best use of the programme resources with the assistance of the Education Bureau.

Signature of School Principal: _____

Name of School Principal in block letters: _____

Date: _____

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¹ Schools that opt out during the first three years of implementation of the programme may be asked to return all the resources.