**Grant Scheme on**

**Promoting Effective English Language Learning in Primary Schools (PEEGS)**

**Breakdowns of Professional Service**

**(***for private service providers hired by schools directly only***)**

**Name of school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(File Number: D )

**Name of service provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service period:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yyyy) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yyyy)

**Payment mode:** monthly**\*** ($\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) OR

installment**\*** ($ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_ installment(s))

**Total amount funded by PEEGS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total amount funded by school’s grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Please delete as appropriate.**

**Breakdowns:**

|  |  |  |
| --- | --- | --- |
| **Types of professional services provided** | **Total number of hours** | **Hourly Rate** |
| Co-planning meetings |  |  |
| Demonstration sessions |  |  |
| Co-teaching sessions |  |  |
| Lesson observation sessions |  |  |
| Evaluation meetings |  |  |
| Other(s), please specify below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_** |  |  |
| Remarks: | | |

I confirm that the above professional services have been provided and I have received all the payment for my service.

**Signature of service provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Please tick the box below if applicable)*

School Chop

□ The service provider has left and cannot sign the proof.

Signature of School Head:

Name of School Head: (in block letters)

Date: