



## Combined Initial Evaluation and Programme Validation Application Form

### Notes to Operators

1. Please read the Guidelines on the Four-stage QA Process available at [www.hkcaavq.edu.hk](http://www.hkcaavq.edu.hk) before making an application.
2. You may submit any other documents you think relevant to this application. All attachments should refer to the same numbering system used in this Form.

### Part I Operator's Information

Name of operator

(English) \_\_\_\_\_

(Chinese) \_\_\_\_\_

Operating address (please provide evidence such as a copy of electricity bill)

Website \_\_\_\_\_

The operator intends to apply for an IE Status to operate programmes at the following QF level(s)

QF Level 1

QF Level 4

QF Level 2

QF Level 5

QF Levels 1 and 2

QF Level 6

QF Levels 1 to 3

QF Level 7

Scope of operation and operating experience

Scope of service	
Scope of educational/training service	
Educational/training objectives	
Target learners	
Years of operator's educational/training experience	
Programmes to be offered in the coming year	

## 1. Organisational Management

- 1.1 Please provide organisational chart(s) that illustrate the relationship between (1) the senior management, (2) training staff, and (3) administrative/support staff and highlight their respective roles and duties. Are there guidelines to govern any overlaps of roles that may lead to role conflicts?

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- 1.2 If the governing committee is a component of the organisational structure, please attach the membership list and the terms of reference of this committee. If any other organisations (such as parent or holding company) have governing power over the operator, please also specify their relationship and respective roles.

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- 1.3 Please provide notes (or relevant extracts) of the latest three meetings of the senior management and quote specific examples to demonstrate how the senior management decides, develops and improves the training service.

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- 1.4 What are the policies and/or procedures for the following items and attach relevant guidelines, if any.

1.4.1 Deployment of training staff

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1.4.2 Allocation of financial resources (e.g. training budget approval)

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1.4.3 Programme management

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- 1.5 Please briefly describe how you communicate with staff on the policies and procedures of the above (1.4.1 to 1.4.3).

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## 2. Staffing and Staff Development

2.1 Please describe the staff recruitment procedures and provide relevant documents such as guidelines on appointment, if any.

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2.2 Appointment Criteria for Staff

Grade	Relevant qualification	Relevant industry experience	Relevant training experience	Number of staff			
				In post		Vacancy	
				FT	PT	FT	PT

*Note: Full-time – normally refers to appointment of service for not less than 35 hours a week*

2.3 Please provide the qualification and experience of the relevant staff (inclusive of programme development, training and support staff) in **table 2.3** in the appendix.

2.4 Please state the turnover rate of training staff for last year:

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

*Note: Turnover Rate – the rate of training staff who left last year. This is calculated as follows: divide the number of training staff who left last year by the sum of training staff in post and any vacancy at the end of the last year.*

2.5 What are the measures used to ensure that the relevant staff have sufficient knowledge of the QF standards to carry out their respective duties?

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2.6 Please list the means for evaluating the performance of the training staff:

- Learner survey
- Class observations
- Others (please specify \_\_\_\_\_)

2.7 What are the measures used to ensure consistency of the training provided by part-time and full-time training staff?

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2.8 Please list the staff development and training activities undertaken by staff for the past two years.

Name of staff member	QF-related training (name of activities and date)	Relevant professional training (name of activities and date)	Training skills development (name of activities and date)	Others (e.g. product launch briefing) (name of activities and date)

2.9 Please briefly describe the staff development plan for the coming two years (if applicable).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 3. Financial and Physical Resources

Your financial information will only be reviewed by a Financial Specialist appointed by the Council for this accreditation exercise.

#### 3.1 Finance

3.1.1 Please submit your most recent audited accounts and management accounts.

- (a) *[For new start-ups]* Please provide annual return.
- (b) *[For operators receiving financial support from parent company or other sources]* Please provide the audited financial statement and Letter of Support.
- (c) *[For operators receiving financial support from director of the company]* Please provide the Personal Net Worth Statement certified by an accountant and Letter of Support.

3.1.2 Financial Information

	Current year -1	Current year	Current year +1
<b>Income</b>			
Tuition fee			
Other income (if applicable)			
Other subsidization (if applicable, please provide evidence)			
Total incomes			
<b>Expenses</b>			
Staff cost			

Staff development & training expense			
Accommodation, facility & equipment			
Learner support, e.g. library, training materials			
Others			
Total expenses			
<b>Surplus / (Deficit)</b>			

3.1.3 If there is deficit for the past three years, please produce a business plan that can lead to a stable source of income adequate for your educational/training operation.

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3.2 Please provide information on the tuition fee and the programme budget in **table 3.2** in the appendix. *(Please provide a separate set of information for each programme seeking accreditation).*

3.3 Please provide information on the training venue in **table 3.3** in the appendix. *(Please provide a separate set of information for each programme seeking accreditation).*

## 4. Programme Development, Management and Review

### 4.1 Programme Development

4.1.1 Please provide evidence that you have consulted the following external parties at the programme development stage.

- Industry experts
- Professional body
- Employer
- Others \_\_\_\_\_

4.1.2 How do you ensure that the proposed programmes are benchmarked against the appropriate QF level(s)?

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### 4.2 Programme Review

4.2.1 Please provide evidence that you have consulted the following external parties at the programme review stage.

- Industry experts
- Professional body
- Employer
- Others \_\_\_\_\_

4.2.2 Please identify which of the following has been used in programme review and provide evidence as to its use.

- |   |  |
|---|--|
| <input type="checkbox"/> Learner survey result      | <input type="checkbox"/> Staff survey result           |
| <input type="checkbox"/> Class observation result   | <input type="checkbox"/> Learner retention rate        |
| <input type="checkbox"/> Learner graduation rate    | <input type="checkbox"/> Graduate employment rate      |
| <input type="checkbox"/> Employer satisfaction rate | <input type="checkbox"/> Others (please specify) _____ |

4.2.3 Please explain how the programme review results are followed up.

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4.3 Please explain how relevant staff are involved in programme development, management and review.

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**Part II Programme Information** (Please provide a separate set of information for each programme to be validated)

Name of learning programme

(English) \_\_\_\_\_

(Chinese) \_\_\_\_\_

Qualification title

(English) \_\_\_\_\_

(Chinese) \_\_\_\_\_

Proposed QF level:

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> QF Level 1 | <input type="checkbox"/> QF Level 5 |
| <input type="checkbox"/> QF Level 2 | <input type="checkbox"/> QF Level 6 |
| <input type="checkbox"/> QF Level 3 | <input type="checkbox"/> QF Level 7 |
| <input type="checkbox"/> QF Level 4 |                                     |

Training hours:	Contact hours _____ Self study hours _____
Medium of instruction:	<input type="checkbox"/> English <input type="checkbox"/> Cantonese <input type="checkbox"/> Putonghua <input type="checkbox"/> Others (as specified) _____
Mode of study / Duration : (Can be more than one mode)	<input type="checkbox"/> Full-time _____ Month <input type="checkbox"/> Part-time _____ Month <input type="checkbox"/> Others (as specified) _____ ( _____ Month)

<input type="checkbox"/> Existing programme	First launch date _____ Next programme start date _____
<input type="checkbox"/> New programme	Planned programme launch date _____

Address of training venue(s) of the programme

## Programme Information

### 5. Programme Objectives and Learning Outcomes

Please state the programme objectives and learning outcomes of individual modules (if applicable) in **table 5** in the appendix.

### 6. Programme Content and Structure

- SCS-based programme (please complete **table 6A** in the appendix)  
 Non-SCS-based programme (please complete **table 6B** in the appendix)

### 7. Teaching and Learning

7.1. Please provide the following information

- Programme outline  
 Training plan  
 Sample of training materials (major modules)  
 Sample of guidelines for learners and worksheets (if any)  
 Programme handbook (if any)  
 Others \_\_\_\_\_

7.2. Training staff-to-learner ratio

Knowledge-based learning 1: \_\_\_\_\_ Practical workshop 1: \_\_\_\_\_  
Others (please specify \_\_\_\_\_) 1: \_\_\_\_\_  
Maximum class size: \_\_\_\_\_

7.3. Is workplace attachment a component of the training programme?

- Yes (If yes, please provide the following information)
- instructional plan for learners (including objectives, learning outcomes and activities for learners)
  - number of places provided by industry partners and evidence of arrangement (including supervision and monitoring of learner's performance)
- No

7.4. Have you commissioned any other organisation or individual to deliver the programme or provide training materials or equipment?

Yes (If yes, please provide the following information)

- background of that organisation or individual
- mode of collaboration (e.g. copy of the agreement)
- contingency plan to ensure programme quality and sustainability

No

## 8. Learner Assessment

8.1. Please provide the assessment plan in **table 8.1** in the appendix.

8.2. Please provide samples and assessment criteria of different kinds of assessment. For new programmes, please provide samples of mock assessment papers and associated assessment criteria.

8.3. Graduation requirements:

- Practice test \_\_\_\_\_
- Assignment \_\_\_\_\_
- Term assessment \_\_\_\_\_
- Final examination \_\_\_\_\_
- Attendance \_\_\_\_\_
- Others \_\_\_\_\_

## 9. Admission Requirements and Learner Selection

9.1. Please list the admission requirements  
(For SCS-based programme, please note the specific requirements set out in the SCS, such as prior knowledge, pre-requisites or co-requisites.)

- Qualification \_\_\_\_\_
- Industry experience \_\_\_\_\_
- Language proficiency \_\_\_\_\_
- Others \_\_\_\_\_

9.2. Please state learner selection criteria and procedures.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9.3. Please provide the learner admission plan in **table 9.3** in the appendix.

## 10. Learner Support Services

10.1. Have you provided any of the following support services to learners? If yes, please briefly describe the service(s).

- Advising on programme related issues
- Career counseling
- Personal counseling
- Personal development service
- Others \_\_\_\_\_

## 11. Learner Record and Information Management

Please provide information on access rights for managing and retrieving personal data and a brief of the Management Information System (such as learner information categories and storage of electronic information, etc.)

### Part III Declaration

(For collaborative programmes, each collaborating partner is required to complete Part III & IV)

1. I hereby agree to provide, clarify and verify information necessary for the conduct of this accreditation exercise by the HKCAAVQ.
2. I declare that the information provided in this application form and all relevant supporting documents are true and correct.
3. I understand that providing misleading or false statement or information shall render myself or the relevant operator guilty of the offence against the Accreditation of Academic and Vocational Qualifications Ordinance.

\_\_\_\_\_  
Signature (Authorised Representative of Operator)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Position of Authorised Representative

### Part IV Contact Information

Authorised representative of the operator	Contact person
Name:	Name:
Title (e.g. Mr, Ms, Dr):	Title (e.g. Mr, Ms, Dr):
Post:	Post:
Contact number:	Contact number:
Email:	Email:
Correspondence address:	Correspondence address:
Fax number:	Fax number:



**Table 3.3 Programme Facilities and Equipment**

Type of room	Quantity	Seating capacity	Facilities / Equipment

*Note: Type of room e.g. Training Room, computer laboratory, language laboratory, etc.*







