



Initial Evaluation – Application Form

Notes to Operators

1. Please read the Guidelines on the Four-stage QA Process available at 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 General 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	

Part II Organisational Profile

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?

- 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.

- 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.

- 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

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

1.4.3 Programme management

- 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).

2. Staffing and Staff Development

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

- 2.2 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 the vacancy at the end of the last year.

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

- 2.4 Please list the means for evaluating the performance of the training staff:

- Learner survey
 Class observations
 Others (please specify _____)

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

2.6 Appointment Criteria for Staff

Rank	Relevant qualification	Relevant industry experience	Relevant training experience (if any)	Number of staff	No. of staff by grade (as of date of application)			
					In post		Vacancy	
					FT	PT	FT	PT
Senior management								
Training staff								
Admin. staff								

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

2.7 Staff Profile (Please provide curriculum vitae, copy of qualifications etc for Panel's review during on-site visit)

Name	Position	Full-time / Part-time	Highest academic qualification	Professional qualification / Teacher training (please specify year of award and awarding body)	Relevant training experience	Relevant industrial experience (full-time)

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

3.1 Physical Resources

Address of training venue(s) (Please provide evidence such as tenancy agreement, venue booking confirmation note, etc.)

Type of room	Quantity	Seating capacity	Facilities / equipment

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

3.2 Finance

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

3.2.1 Please submit 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.

3.2.2 Financial Information

	Current year -1	Current year	Current year +1
Incomes			
Tuition fee			
Other income (if applicable)			
Other subsidization (if applicable, please provide evidence)			
Total Incomes			
Expenses			
Staff cost			
Staff development & training expense			
Accommodation, Facility & Equipment			
Training Support, e.g. Library, training materials			
Others			
Total expenses			
Surplus / (Deficit)			

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

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)?

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 level | <input type="checkbox"/> Others (Please specify _____) |

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

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

Part III Declaration

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)

Date

Name & 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: