

**NON-LOCAL HIGHER AND PROFESSIONAL EDUCATION
(REGULATION) ORDINANCE (CAP. 493)**

**FORM 1P – APPLICATION FOR REGISTRATION OF A COURSE
LEADING TO A NON-LOCAL PROFESSIONAL QUALIFICATION**

Please complete **one** application form for each course.

It is important that you read the ‘Guide to Registering a Course’ obtainable from the Non-local Courses Registry of the Education Bureau before you make an application.

This Application Form should be completed in accordance with the directions specified in **the Form** and the **Guidance Notes**. Incomplete information may cause delay in processing the application.

Please note that under the Non-local Higher and Professional Education (Regulation) Ordinance (the Ordinance), the Registrar of Non-local Higher and Professional Education Courses (the Registrar) may seek advice from the Hong Kong Council for Accreditation of Academic and Vocational Qualifications (HKCAAVQ) in determining your application. The HKCAAVQ may approach you direct for further information in relation to the accreditation and recognition of the course, if necessary.

Upon registration of the course, details contained in this Form such as name and phone number of operator and local agency will be disclosed to the general public – details are available at our website at www.edb.gov.hk/ncr.

Please submit the application form together with all the required attachments in duplicate to:

The Registrar of Non-local Higher and Professional Education Courses
Education Bureau
Room 603, 6/F
14 Taikoo Wan Road
Taikoo Shing
Hong Kong

PERSONAL INFORMATION COLLECTION STATEMENT

Purpose of Collection

1. The personal data provided by you in this form will be used by the EDB for one or more of the following purposes:

- (a) Activities relating to the processing, authentication and counter-checking of the application for registration of non-local courses;
- (b) Activities relating to matching of the personal data with the database of other relevant Government bureaux / departments in connection with the processing, authentication and counter-checking of the application mentioned in (a) above;
- (c) Activities relating to matching of the personal data within the database of the EDB for purposes of verifying / updating records of the EDB;
- (d) Activities relating to training and development including invitation of participation in programmes/activities, applications for reimbursement of course fees, assessment of nominations, awards and scholarship, and monitoring of attainment progress;
- (e) Activities relating to the processing and vetting of applications for, and disbursement of, funding / grants / subsidies, and conducting of audits;
- (f) Activities relating to compilation of statistics, research and Government publications; and
- (g) Activities relating to the administration and enforcement of rules and regulations including the Education Ordinance (Cap. 279), its subsidiary legislation (such as the Education Regulations and the Grant/Subsidized Schools Provident Fund Rules) and the Codes of Aid.

2. The provision of personal data required by this form and during the processing of this form is obligatory. In the event that you do not provide those personal data, we may not be able to handle or further process the application.

Classes of Transferees

3. The personal data you provide will be made available to persons working in the EDB. Apart from this, they may be transferred or disclosed to the parties or in the circumstances listed below:-

- (a) other Government bureaux and departments for the purposes mentioned in paragraph 1 above;
- (b) the school in which the form relates for the purposes mentioned in paragraph 1 above;
- (c) personnel, agent, service provider or organisations, including the HKCAAVQ, engaged by the EDB to provide services or advice for purposes mentioned in paragraph 1 above;
- (d) where you have given your prescribed consent to such disclosure; and
- (e) where such disclosure is authorised or required under the law or court order applicable to Hong Kong.

Access to Personal Data

4. You have the right to request access to and correction of your personal data held by the EDB. Request for access to or correction of personal data should be made in writing to Executive Officer (Non-local Courses Registry)¹ at Room 603, 6/F, 14 Taikoo Wan Road, Taikoo Shing, Hong Kong or email to exoncr1@edb.gov.hk.

Course Name: _____ _____	(For Office Use Only) Ref No.: _____ Date of Receipt: _____
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SECTION A

PARTICULARS OF OPERATOR (see Guidance Note A)

1. Name of Operator in English _____
2. Name of Operator in Chinese (if applicable) _____
3. The operator is (Please tick as appropriate)
 - a professional body
 - an academic institution
 - a partnership/consortium
 - a corporation
 - an individual
 - others (please specify) _____
4. Official Address _____

5. Telephone No. _____
6. Fax No. _____

7. E-mail address _____
8. If the operator is an academic institution, please complete the following:
- a. Type of institution (Please tick as appropriate)
 - Publicly funded
 - Private
 - Others (please specify) _____
 - b. Status of institution (Please tick as appropriate)
 - Degree awarding
 - Others (please specify) _____
 - c. Accreditation/Approval of institution (Please tick as appropriate)
 - Self-accreditation
 - Accreditation by external authority
 - d. If accredited by an external authority, please state -
 - i. Name of external authority _____
 - ii. Year of last accreditation/approval _____
 - iii. Period of accreditation (if applicable) _____
9. Relationship with the professional body awarding the qualification _____

10. Name of “Designated Person” who will give the undertaking in Section I of this Form

(should be consistent with the name as shown on the HK identity card)

SECTION B

INFORMATION ABOUT THE PROFESSIONAL BODY AWARDING THE QUALIFICATION *(see Guidance Note B)*

1. Full name of professional body _____
2. Year of establishment _____
3. Main address in home country _____
- _____
4. Telephone No. _____ 5. Fax No. _____
6. E-mail address _____
7. Nature of the professional body _____
- _____

8. Is there any form of recognition of the professional body by government and/or accreditation authorities in the home country? (Please tick as appropriate)

Yes No

If yes, please provide documentary evidence for such recognition (**Attachment 1**).

9. Please provide details regarding requirement/eligibility for practice in the profession (**Attachment 2**).

10. Please state any further requirements for membership of the professional body after passing the professional examinations (if applicable).

SECTION C

INFORMATION ABOUT LOCAL AGENCY/REPRESENTATIVE'S OFFICE (if any) (see Guidance Note C)

1. Name of local agency/representative's office _____
2. Address _____

3. Telephone No. _____ 4. Fax No. _____
5. E-mail address _____
6. Relationship of the local agency/representative's office with the professional body

7. Relationship of the local agency/representative's office with the operator of the course (if different from the professional body)

8. Please indicate which of the following tasks are/will be undertaken by the local agency/representative's office: (Please tick as appropriate)
 - advertising and marketing
 - admission
 - registration
 - receipt of students' fees
 - payment of salaries, costs, etc.
 - distribution of documentation/course materials/information
 - recruitment of local tutors
 - induction and supervision of local tutors
 - arranging venues (any equipment)
 - providing (or arranging) library, Information Technology and other facilities
 - student support (language/study skills/counselling)
 - collection and return of assignments
 - record keeping
 - organising local course committee/advisory group
 - gathering student feedback
 - setting/marking assignments
 - administration of examinations (and related security arrangements)
 - graduation arrangement (including despatch of diplomas, certificates, etc.)
 - others (please specify) _____

SECTION D

INFORMATION ABOUT THE COURSE TO BE CONDUCTED IN HONG KONG LEADING TO A PROFESSIONAL QUALIFICATION (see *Guidance Note D*)

1. Name of course _____
2. Title of professional qualification the course leads to _____
3. Date or proposed date of first delivery of the course in Hong Kong _____
4. Mode of delivery
 - Face-to-face tuition only
 - Distance learning with face-to-face tuition
 - Distance learning without face-to-face tuition
 - Others (please specify) __________
5. Length of course (in months)
 - a. Average length _____
 - b. Minimum length _____
 - c. Maximum allowable length _____
6. Minimum entry requirements _____
7. Provision for exemptions/credit transfer
The maximum exemption/credit transfer possible for an applicant is _____ units, which comprise _____% of the course.
8. Course curriculum
Please provide an outline of the course curriculum (**Attachment 3**), making clear the following:
 - a. Aims and objectives of the course
 - b. Course structure
 - c. Any course components that have been introduced to ensure local relevance
9. Requirement for the award of the professional qualification.
 - a. Modules/Subjects
number to be taken _____
number to be passed _____

- b. Assignments
 number to be presented _____
 number to be passed _____
 average mark/grade to be achieved _____
- c. Examinations
 number to be taken _____
 number to be passed _____
 average mark/grade to be achieved _____
- d. External Professional examinations (if any)
 Please provide details (**Attachment 4**).
- e. Thesis/Dissertation/Project requirement _____

- f. Working experience requirement _____

10. Course assessment

- a. Please indicate how the course is assessed by using one or more of the boxes below making clear the relevant weightings in percentages.

	Yr./Module 1	Yr./Module 2	Yr./Module 3	Yr./Module 4
<input type="checkbox"/> Written examination	%	%	%	%
<input type="checkbox"/> Continuous assessment	%	%	%	%
<input type="checkbox"/> Thesis/Dissertation/Project	%	%	%	%
<input type="checkbox"/> Others (please specify) _____ _____ _____	%	%	%	%

- b. Name and address of person(s)/organisation(s) responsible for the administration of examinations in Hong Kong (if applicable)

11. Teaching/learning activities associated with the course

Teaching/learning activities		No. of hours within Hong Kong	No. of hours outside Hong Kong	Total No. of staff involved
Lectures	Compulsory			
	Optional			
Tutorials/ seminars	Compulsory			
	Optional			
Group discussions	Compulsory			
	Optional			
Self-study				
Others (please specify)				

12. Teaching Staff

Please give names, qualifications and present full-time occupation of local and non-local staff appointed to assist with teaching and learning activities in Hong Kong (**Attachment 5**).

13. Student numbers in Hong Kong

- a. Maximum number per intake _____
- b. Minimum number per intake _____
- c. Average number per intake (if applicable) _____
- d. Frequency of intakes in Hong Kong _____

14. Student facilities and support services provided in Hong Kong
(Please tick as appropriate)

- Learning materials
- Access to library
- Access to information technology facilities
- Access to academic/pastoral tutors
- Language support
- Study skills
- Others (please specify) _____

Please give details of these student facilities/support services (**Attachment 6**).

15. Does completion of the course also lead to the award of a higher academic qualification from a non-local institution of higher education? (Please tick as appropriate)

Yes No

If yes, please also complete FORM 1A, which is obtainable from the Non-local Courses Registry, Education Bureau.

16. Fees and charges

a. Total tuition fee payable for the complete course _____

b. Number of instalments _____

c. Amount of each instalment and normal time for payment _____

(Please complete **Attachment 7**. If there are full-time and part-time modes and the standard course lengths are different, one set of **Attachment 7** will be required for each mode.)

d. Where tuition fee is not inclusive, please give details of further fees/charges payable by students.
(Please tick as appropriate)

	<u>Amount</u>	<u>Time for payment</u>
<input type="checkbox"/> On application	_____	_____
<input type="checkbox"/> For registration	_____	_____
<input type="checkbox"/> For course materials	_____	_____
<input type="checkbox"/> For examinations	_____	_____
<input type="checkbox"/> Others (please specify)	_____	_____
TOTAL	_____	

e. Please advise if any fee reduction facility (e.g. scholarships, discounts) is available to students.

Yes (please specify: _____)

No

(please tick as appropriate)

f. For refund arrangement, please complete **Attachment 7**.

g. Please provide documentary evidence showing that the above payment and refund arrangements for tuition fee are written into the contract between the operator and students (**Attachment 8**).

SECTION E

RECOGNITION BY THE NON-LOCAL PROFESSIONAL BODY (see *Guidance Note E*)

Please provide documentary evidence (**Attachment 9**) showing that

1. the course is recognised by the non-local professional body named in Section B of this Form for the purpose of awarding the qualification stated in Section D of this Form; and
2. the course in Hong Kong has been validated/approved by the non-local professional body.

SECTION F

INFORMATION ABOUT EQUIVALENT/COMPARABLE PROFESSIONAL COURSE IN THE HOME COUNTRY OF THE NON-LOCAL PROFESSIONAL BODY (see *Guidance Note F*)

1. Does the non-local professional body/course operator[#] offer an equivalent or a comparable course in the home country leading to the same professional qualification?
(Please tick as appropriate)

- Equivalent course Name of course _____
- Comparable course Name of course _____
- No equivalent or comparable course

Delete as appropriate

2. If there is no equivalent or comparable course, please give the reason(s) for offering the course in Hong Kong.

SECTION G

QUALITY ASSURANCE PROCEDURES (see *Guidance Note G*)

Please provide details (**Attachment 10**) of any quality assurance system/procedures in place to ensure that the administration and delivery of the course in Hong Kong is up to the standard as required/recognised by the non-local professional body.

SECTION H

DECLARATION BY OPERATOR OF THE COURSE *(see Guidance Note H)*

I declare that all the above information regarding this application for registration of the course, namely _____, is to the best of my knowledge, true and accurate. I also declare that the course is recognised for the purpose of awarding the qualification as stated in Section D of this Form by _____

(name of the non-local professional body awarding the qualification).

Signature _____

Name in block letters _____

Capacity in which signed _____

Date _____

SECTION I

UNDERTAKING BY THE DESIGNATED PERSON (see *Guidance Note I*)

I, being the Designated Person for the course, _____ (name of course)
conducted by _____ (name of operator), undertake
to perform in relation to the course the functions imposed on a designated person by the
Non-local Higher and Professional Education (Regulation) Ordinance. I am the holder
of Hong Kong Identity Card No. _____

(**Attachment 11** – photocopy of I.D. card) and ordinarily resident in Hong Kong.

Name in English (Prof/Dr/Mr/Mrs/Ms) _____

Name in Chinese (if applicable) _____

[Note: The names listed above should be the same as shown on the Hong Kong Identity Card.]

Name of employer (if applicable) _____

Position held _____

Business address _____

Telephone No. _____ Fax No. _____

Residential address _____

Telephone No. _____ Fax No. _____

Signature _____ Date _____

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