Notes for Applicants

- Applicants who wish to apply for the Grant for Programme Area Accreditation (the PAA Grant) should complete this application form.

- Applications for the PAA Grant should be made no later than one year after the issuance of the relevant Statement of Accreditation Approval (SOA) dated 3 January 2017 or after by the Hong Kong Council for Accreditation of Academic and Vocational Qualifications (HKCAA VQ).

- Applicants should read the Guidance Notes for the PAA Grant carefully before submitting the application. Copy of the Guidance Notes can be downloaded from the QF website (www.hkqf.gov.hk).

- Applicants should ensure that all parts in the form are fully completed and the information is accurate. The application will not be processed if the applicant fails to provide all the information requested.

- When submitting the application form, the applicant should enclose the following documents:
  
  (a) **Original** copy of –
      - Payment receipts of accreditation fees issued by HKCAA VQ.
      - Debit Notes and/or Credit Notes of accreditation fees issued by HKCAA VQ.

  (b) **Photocopy** of -
      - Accreditation Report and SOA issued by HKCAA VQ.
      - Email/correspondence issued by HKCAA VQ advising the breakdown of accreditation fees for Programme Area Accreditation (PAA) / Periodic Institutional Review (PIR).
      - Documents certifying that the organisation is registered under the laws of Hong Kong.
      - A non-profit-making organisation should submit a copy of the letter of exemption from tax issued by the Inland Revenue Department confirming that it is an approved charitable institution or trust of a public character exempt from tax under the Inland Revenue Ordinance (Cap. 112).
      - Sample certificate of the programme(s) in which QF is featured, if applicable.

- The breakdown of accreditation fees provided by HKCAA VQ should be “Certified true copy and correct”. All original supporting documents should be “Certified correct”. All photocopied supporting documents should be “Certified true copy”. The name and signature of the certifying officer (i.e. the Applicants or his/her authorised officer) should be clearly indicated. Samples of the certification of supporting documents are at Appendix.

- The personal data provided in this form will be used by the Secretary for Education for processing application for the PAA Grant. It may be disclosed to officers within or outside the Education Bureau who are required to handle the PAA Grant.

---

Applicants have the right to request access to or correction of personal data provided in this form in accordance with the provisions of the Personal Data (Privacy) Ordinance (Cap.486). Such requests may be made in writing to the Education Bureau.

All correspondence should be addressed to Further Education Division, Education Bureau on 7/F, East Wing, Central Government Offices, 2 Tim Mei Avenue, Tamar, Hong Kong (Telephone no: 3509 7425, Fax no: 2899 2967).
Application Form

Grant for Programme Area Accreditation
under the Qualifications Framework Fund

Part A  Particulars of Applicant

Name of Organisation
(English)  
(Chinese)  

(Please ensure the organisation name has been consistently presented in the application form and all the supporting documents.)

Name of Branch / Subsidiary / Unit / Department / Section (if the name of Organisation is different from the name on the Accreditation Reports and Statement of Accreditation Approval issued by HKCAAVQ)

(English)  
(Chinese)  

Correspondence
Address  
Tel No  Fax No  
Website (if applicable)  

Name of Representative

(English)  (Chinese)  
Tel No  Fax No  
E-mail Address  

Name of Contact Person (if differs from the Representative)

(English)  (Chinese)  
Tel No  Fax No  
E-mail Address  

[November 2019]
Part B  Application for the Grant for Programme Area Accreditation (PAA Grant)

I, ________________________________ (name of representative), on behalf of ________________________________ (name of organisation), hereby submit an application for the PAA Grant for the Programme Area Accreditation (PAA) / Periodic Institutional Review (PIR)* exercise(s) listed below:

* Please delete where inapplicable

(Please use supplementary sheet if the space provided is insufficient)

<table>
<thead>
<tr>
<th>Programme Area covered by PAA / PIR*exercise(s)</th>
<th>QF Level</th>
<th>Validity Period on the SOA (e.g. 01-09-2014 to 31-08-2019)</th>
<th>Accreditation Fee ($)</th>
<th>Amount Claimed ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total:
Part C  Confirmation by Applicant *(Please tick where appropriate)*

I hereby confirm that:

☐ The PAA / PIR* exercise(s) listed in **Part B** is/are conducted by the Hong Kong Council for Accreditation of Academic and Vocational Qualifications (HKCAAVQ).

☐ The PAA / PIR* exercise(s) listed in **Part B** has/have been successfully completed. A copy of the Accreditation Report and Statement of Accreditation Approval (SOA) issued by HKCAAVQ is attached.

☐ The organisation which I represent is registered under the laws of Hong Kong as listed below:

Ordinance (Cap. ___)

A copy of the relevant registration certificate is attached (mainly applicable to organisations registered under the Education Ordinance (Cap. 279), Post Secondary Colleges Ordinance (Cap. 320), Companies Ordinance (Cap. 622) or Business Registration Ordinance (Cap. 310)).

☐ The organisation which I represent is a non-profit-making organisation. A copy of the letter from the Inland Revenue Department confirming exemption from tax is attached.

☐ The organisation which I represent has not made the same claim from any government funding and will not seek reimbursement/financial subsidies of the accreditation fees from any parties other than Education Bureau (EDB) subject to approval of this application. (Please specify if otherwise: ________________)

☐ The certificate of the programme(s) under the Programme Area(s) listed in **Part B** features all three key elements of QF (i.e. QF logo, QF level and QR registration number). A copy of the sample certificate is attached.

* Please delete where inapplicable

Part D  Declaration

I, on behalf of ________________________________ (name of organisation), declare that all information given above is true and accurate and that if I wilfully give information which is false or which I do not believe to be true or if I withhold any material information, any PAA Grant approved will become void and any sums received by me or my organisation must be refunded to the Government immediately and that I or my organisation is to be responsible for all costs (whether directly or indirectly) incurred by the Government for the recovery of the PAA Grant.
Part E  Payment Instruction *(Please tick where appropriate)*

If this application is successful, please arrange payment by sending a cheque as follows-

Name of payee: 
(Must be the bank account of the Applicant organisation or its parent organisation)

Mailing address: 
(if differs from Part A)

Any other information:

Part F  Undertaking

I undertake that I and my organisation will:

(1) promote the relevant qualification(s) and programme(s) as QF-recognised and the relevant programme(s) with QF logo\(^2\) shown in all relevant promotion and publicity materials;

(2) provide information on the operation of the relevant programme(s) upon request by EDB after receiving the PAA Grant; and

(3) abide by any other terms and conditions which may be imposed by the Secretary for Education on the relevant QF-recognised qualification(s) and programme(s).

Signature

Organisation Chop

Name of Representative

Post-title

Date

[The following part will only be required if the payment receipts and/or other supporting documents are not certified by the Representative in Part F personally]

Specimen Signature

Name of Authorised Officer

Post-title

Date

Education Bureau
November 2019