Application Form
Programme Development Grant for development of courses based on
Specification of Competency Standards (SCS)/
Specification of Generic (Foundation) Competencies (SGC)
under the Qualifications Framework Fund

Notes for Applicants

- Applicants who wish to apply for the Programme Development Grant (the Development Grant) should complete and submit this application form **no later than one year after commencement of the course(s) concerned from 3 January 2017 onwards.** If the courses involved in an accreditation exercise under application commenced in different times, providers can make individual applications for each course to ensure that an application is submitted no later than one year after the commencement of the courses concerned.

- Applicants should read the Guidance Notes for the Development Grant. 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:

  - Photocopy of:
    - Documents certifying that the organisation is registered under the laws of Hong Kong.
    - Relevant information on the newly developed SCS-based / SGC-based course(s), including
      (i) introduction of the course(s),
      (ii) relevant publicity materials,
      (iii) documents supporting successful accreditation by relevant authorities, such as accreditation reports, Statement of Accreditation Approval (SOA) issued by Hong Kong Council for Accreditation of Academic and Vocational Qualifications (HKCAA VQ) (if applicable),
      (iv) other operating details of the course(s), such as attendance lists of participants showing the name and date(s) of the course(s) concerned, etc.
    - Printout of the Qualifications Register (QR) records.

  - **The students attendance record(s) should be “Certified correct”.** All other 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 Development Grant. It may be disclosed to officers within or outside the Education Bureau (EDB) who are required to handle the Development 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 the 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

Programme Development Grant for SCS-based/SGC-based Courses 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  
Part B  Application for the Development Grant

I, ____________________________ (name of representative), on behalf of ____________________________ (name of organisation), hereby submit an application for the Development Grant in respect of the following SCS-based/SGC-based course(s):

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

<table>
<thead>
<tr>
<th>Title of Learning Programme(s)</th>
<th>QF level</th>
<th>No. of QF Credit</th>
<th>QR Registration No.</th>
<th>Validity Period on the SOA (e.g. 01-08-2014 31-07-2018)</th>
<th>Accreditation Body</th>
<th>SCS/SGC-Based#</th>
<th>Commencement date of the course(s)</th>
<th>Amount claimed ($)</th>
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Total:

# Please indicate by inputting “SCS” or “SGC” if the programme is a SCS-based/SGC-based course.
Part C  Confirmation by Applicant *(Please tick where appropriate)*

I hereby confirm that:

☐ 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 SCS-based/SGC-based course(s) listed in Part B are newly developed programme(s).

☐ The SCS-based/SGC-based course(s) listed in Part B have been successfully accredited and registered in the Qualifications Register (QR). A copy of the printout of the QR records is attached.

☐ Information on the course(s) that have successfully been accredited by relevant authorities, such as accreditation reports and SOA, if applicable, is attached.

☐ The SCS-based/SGC-based course(s) listed in Part B have commenced operation.

☐ Information on the course(s), including title, duration, mode of study, entrance requirements, objectives, curriculum, tuition fees and number of QF credits of the course(s) is attached.

☐ Information on the publicity materials of the course(s), including but not limited to the promotion of the SCS-based/SGC-based course(s) concerned with the QF logo in information booklets, advertisements in newspaper/magazines or websites is attached.

☐ Information on the operation of the course(s), including commencement date, time, venue of the course(s), name lists of teachers and students attendance record(s), etc, 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 EDB subject to approval of this application. *(Please specify if otherwise:                                                           )

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 Development 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 Development Grant.
Part E  Payment Instruction

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 SCS-based/ SGC-based course(s) as QF-recognised programme(s) and the relevant programme(s) with QF logo¹ shown in all relevant promotion and publicity materials;

(2) provide information on the operation of the SCS-based/SGC-based course(s) upon request by EDB after receiving the Development 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).

Organisation Chop

Signature _____________________________________________

Name of Representative ________________________________

Post-title _____________________________________________

Date _________________________________________________

[The following part will only be required if the supporting documents are not certified by the Representative in Part F personally]

Specimen Signature _______________________________________

Name of Authorised Officer ________________________________

Post-title ______________________________________________

Date _________________________________________________

Education Bureau
May 2019