Academic and Accreditation Advisory Committee

Application Form for Professional Bodies and Tertiary Institutions for Approval as Recognized Institutions

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Notes

1. This form is for approval as recognized institutions for providing Continuous Professional Training.
2. All questions MUST be answered, if any question is not applicable, please write "N.A.".
3. If there is insufficient space to complete your answer to any question, please continue on a separate sheet and specify the question to which the sheet relates.
4. Any changes in the information given prior to the approval of this application should be notified immediately to the Academic and Accreditation Advisory Committee.

AAAC/CPT/042012

1. Background information of the applicant:

   a) Name (in English) _____

      (in Chinese) _____

   b) Address _____

      _____

   c) Telephone Number _____

   d) Fax Number _____

   e) Email Address _____

   f) Contact Person _____

   g) Type of Membership _____

   h) Primary Business Activities _____

2. Please describe the scope and means of training, e.g. subjects and by lectures, workshops, notes, etc.

3. Please set out the objectives of these training programmes.

4. What are the learning outcomes upon successful completion of these training programmes?

5. Please demonstrate how the training programmes offered can meet the CPT requirements and are relevant to the licensed functions.

6. Please provide the names and qualifications of the trainers and elaborate on their knowledge and experience as trainer for the financial services industry.

7. Would there be any ongoing evaluation and updating of the training programmes? If yes, please describe the procedures and assessment criteria.

8. Is there any feedback evaluation from attendees?

9. Is there any system in place for recording enrolments, attendance and completion of the training programmes?

10. Please set out your case that you are qualified to be a recognized institution.

_____

Signed on behalf of the Applicant

_____

Name & Capacity

_____

Date