

MANDATORY PROVIDENT FUND SCHEMES AUTHORITY**Assessment Application Form****Core Continuing Professional Development Courses
for MPF Intermediaries**

** Please refer to the Quality Assurance Aid for MPF Core CPD Courses **

SECTION I COURSE PROVIDER

- 1 Please provide background information about the provider.
- 2 Years of experience in providing core CPD or related courses _____
- 3 Responsible Persons

	Head of organization/ department	Person-in-charge	Contact person (if different from person-in-charge)
Name			
Position			
Organization			
Address			
Phone			
Fax			
E-mail			

SECTION II COURSE INFORMATION

1 Name of the course

2 Aims and objectives

3 Course contents

MPF legislation

Relevant codes and guidelines

Latest developments in the MPF system

Investment knowledge Retirement planning

Other (Please specify)

4 Type of course

Presentation with Q&A Seminar Workshop

Others (Please specify) _____

5 Language of course materials: English Chinese

(Please provide copies of all course materials)

6 Course delivery language English Cantonese Putonghua

7 Modular (Yes/No)

If "Yes", module(s) by number of hours _____ (Please also provide module details)

8 Number of core CPD hours applied for _____

(Please provide a lesson plan with time breakdown)

9 Duration of the course _____ (days/weeks/months)

10 Frequency of the course per year _____

11 Proposed date and time _____

12 Course venue address

13 Target participants

In-house (employees of Course Provider)

General Public

Others (Please specify): _____

14 Number of participants per course

15 Attendance monitoring mechanism

(Please provide attendance monitoring procedure and a sample of the attendance certificate)

SECTION III STAFF PROFILE

1 Trainers / Instructors

Name, Current Position And Title	Academic Qualification & Awarding Institution	Professional Qualification & Awarding Institution	Years of Experience in Conducting Similar Courses

(Please provide the information on a separate sheet if there is insufficient space.)

2 Person-in-charge

Name & Position (Please state whether full-time / part-time)	Academic Qualification & Awarding Institution	Professional Qualification & Awarding Institution	Years of Experience in Managing or Conducting Training Courses

SECTION IV QUALITY ASSURANCE

According to the Quality Assurance Aid for MPF Core CPD courses, participant evaluations should be carried out at the end of all such courses. Please provide a copy of the evaluation form and a quality assurance plan together with this application.

SECTION V SIGNED BY HEAD OF ORGANIZATION / DEPARTMENT

All the information provided in the application form is accurate to the best of my knowledge.

Name _____ Signature _____

Position _____

Date _____

~ END ~