

MANDATORY PROVIDENT FUND SCHEMES AUTHORITY

Assessment Application Form

**Core Continuing Professional Development Activities
for MPF Intermediaries**

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

SECTION I ACTIVITY PROVIDER

1 Organization name in English and Chinese

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2 Years of experience in providing MPF core CPD activities _____

3 Years of experience in providing other continuing
professional training/education _____

4 Please provide information on your organization and information on MPF core CPD activities/ continuing professional training offered in the past.

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5 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 ACTIVITY INFORMATION

1 Activity name in English and Chinese

2 Objectives of the activity

3 Activity contents

- | | |
|--|--|
| <input type="checkbox"/> MPF legislation | <input type="checkbox"/> Relevant codes and guidelines |
| <input type="checkbox"/> Latest developments in the MPF system | <input type="checkbox"/> Investment knowledge |
| <input type="checkbox"/> Retirement planning | <input type="checkbox"/> MPF products |
| <input type="checkbox"/> Other (Please specify) | |

4 Type of activity

- | | | | |
|---|----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Course | <input type="checkbox"/> Seminar | <input type="checkbox"/> Lecture | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Other (Please specify) | | | |

5 **Language of activity materials** English Chinese
(Please provide copies of all activity materials, including lesson plans, presentation slides, handouts, exercises and tests (if applicable))

6 **Activity 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 activity** _____ (days / weeks)

10 **Frequency of the activity per year** _____

11 **Proposed date and time** _____

12 **Activity venue address**

13 **Target participants**

General public (Please provide website address for publicity, if any)

In-house (e.g., employees of activity provider)

Other (Please specify) _____

14 **Number of participants per activity** _____

15 **Attendance monitoring mechanism**

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

SECTION III STAFF PROFILE

1 Trainers/ Instructors

Name, Current Position & Title	Academic Qualification & Awarding Institution	Professional Qualification & Awarding Institution	Relevant Working Experience (Please state number of years, job title and organization)	Experience in Conducting Similar Activities (Please state number of years, job title and organization)

(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 Activities

SECTION IV QUALITY ASSURANCE

According to the Quality Assurance Aid for MPF core CPD Activities, participant evaluations should be carried out at the end of all such activities. 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 _____

Information on approved core CPD activities will be posted on the MPFA website.

~ END ~