

CONTINUING EDUCATION FUND (CEF)

Consent for CEF Course Participant upon Enrolment

Hong Kong Metropolitan University

Name of CEF Course Provider: Li Ka Shing School of Professional and Continuing Education

CEF Course Title: _____

CEF Course Code: _____

Commencement Date of the Course: _____

CONSENT on Disclosure of Personal Data

1. I understand that Labour and Welfare Bureau (“LWB”), the Office of CEF (“OCEF”) and the Hong Kong Council for Accreditation of Academic and Vocational Qualifications (“HKCAAVQ”) are responsible for monitoring and processing the applications for fee reimbursement under the CEF.
2. The public authorities referred to in paragraph 1 above (“Specified Public Authorities”) may require my personal data provided to the above CEF Course Provider for the purposes of fees reimbursement and audit inspection if I apply for fees reimbursement under the CEF.
3. OCEF would be unable to process my application for fees reimbursement if I do not consent to the disclosure of my personal data to the Specified Public Authorities **before** attending the course(s), or otherwise the Specified Public Authorities would not have access to time-sensitive information in relation to my application.

Please tick only one box as appropriate

I have read and understand the above paragraphs. I consent to the disclosure of my personal data, any other information and records in relation to the above course(s) to the Specified Public Authorities for the purposes of fees reimbursement under the CEF and audit inspection.

I have read and understand the above paragraphs. I confirm that I will not apply for fee reimbursement under the CEF for the above course(s) and do not consent to the disclosure of my personal data to the Specified Public Authorities.

Signature: _____

Name of Course Participant: _____

Hong Kong Identify Card Number: _____

Date: _____

持續進修基金 (基金)
基金課程參加者報讀基金課程時的
「同意聲明」
(適用於本地自行評審培訓機構開辦之課程)

基金培訓機構名稱： 香港都會大學李嘉誠專業進修學院

基金課程名稱： _____

基金課程編號： _____

課程開課日期： _____

同意披露個人資料

1. 本人明白，勞工及福利局(勞福局)、持續進修基金辦事處(基金辦事處)及香港學術及職業資歷評審局(評審局)負責監管及審批基金發還款項申請。
2. 如本人作出基金發還款項申請，上文第 1 段所指的公共當局(指定公共主管當局)，或需索取本人提供予上述培訓機構的個人資料，以作審批基金發還款項申請及審核巡查用途。
3. 如本人於修讀課程前未有同意披露個人資料予指定公共主管當局，基金辦事處將不能處理本人的基金發還款項申請，指定公共主管當局或沒法取得與本人申請相關而具時效性的資料。

請在適當方格內加上「✓」號

- 本人已細閱並明白上文各段內容。本人**同意**披露本人的個人資料、與上述課程有關的任何其他資料及記錄予指定公共主管當局，以施行審批基金發還款項申請及審核巡查。
- 本人已細閱並明白上文各段內容。本人**確認**將不會就上述課程作出基金發還款項申請，以及不同意披露本人的個人資料予指定公共主管當局。

簽署： _____

課程參加者姓名： _____

香港身份證號碼： _____

日期： _____

報讀課程人士聲明：持續進修基金申請及款項發還

Programme Participants' Declaration:

Continuing Education Fund Application and Reimbursement Claim

1. 本人已參閱《持續進修基金申請指引》[SFO 312_C (2022)]，並知悉其內容。

I have read and noted the “Guidance Notes on the Continuing Education Fund” [SFO 312_E (2022)].

2. 本人明白，如就此課程要求持續進修基金發還費用，本人不會獲其他公帑或在其他公帑資助計劃下就同一項課程、單元或學分獲得任何資助。

I understand that, if I apply CEF reimbursement, I will not obtain any other public funds or assistance under any other publicly-funded financial assistance schemes for the fees to be reimbursed for the same course(s), modules or units of study credits from CEF for this course(s).

3. 本人明白，如就此課程要求持續進修基金發還費用，本人同意香港都會大學李嘉誠專業進修學院向持續進修基金辦事處及勞工及福利局提供本人的個人資料，以便辦事處處理本人的申請或核實本人就這項申請而提供的資料。

I understand that, if I apply CEF reimbursement, I give my consent to Hong Kong Metropolitan University Li Ka Shing School of Professional and Continuing Education (HKMU LiPACE) concerned to release my person data to the Office of the Continuing Education Fund (OCEF) and Labour and Welfare Bureau (LWB) for the purpose of processing my application or verifying the information provided in this application.

4. 本人明白，如就此課程要求持續進修基金發還費用，本人必須成功修畢此基金課程，並且出席不少於基金課程總上課時數的百分之七十或課程所規定的較高出席要求(以較高者為準)，並取得各單元分數的百分之五十或基金課程所規定的較高評核要求百分比率(以較高者為準)。

I understand that, if I apply CEF reimbursement, I must successfully completed this CEF reimbursement course(s), which have attended no less than 70% of the contactable hours or such higher attendance requirement as prescribed for the CEF reimbursement course (whichever is higher) and attained a mark of either 50% or such higher percentage of assessment(s) as prescribed for the CEF reimbursement course (whichever is higher) for each module(s).

5. 本人明白，如就此課程要求持續進修基金發還費用，持續進修基金辦事處將依據本人所提供的資料，決定本人是否符合獲持續進修基金發還費用的資格，以及評估本人可獲發還的金額。香港都會大學李嘉誠專業進修學院並不負責本人申請之遞交及批核結果。

I understand that, if I apply CEF reimbursement, OCEF will rely on the information provided by me to determine my eligibility for receipt of reimbursement of fees from CEF and to assess the amount of reimbursement to be offered. HKMU LiPACE does not bear any responsibility for my application submission and result.

申請人簽署 Signature: _____ 身份證號碼 HKID no: _____

申請人姓名 Name: _____ 日期 Date: _____