

## Application Form for RPL Assessment Testing, Inspection and Certification Industry

### Note:

Please refer to the “Note to Applicants” before filling in this form.  
Complete the form clearly in English.

AGENCY USE ONLY	
Application No.	
Application Fee	
Receipt No.	
Date	

### I. PERSONAL DETAILS

(Personal Data must be the same as those shown on the applicant's  
HKID card/Passport) \*Please put a ‘✓’ in the box as appropriate.

Name in English <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.* Surname Given Name	Name in Chinese
Hong Kong Identity Card (HKID) No.	Home Phone No.
Date of Birth (DD/MM/YY)	Mobile Phone No.
Correspondence Address	Email Address
<p>To facilitate the arrangement of assessment, please put a ‘✓’ in <u>one</u> of the box.</p> <p>A. Preference for spoken language for the interview and practical assessments: <input type="checkbox"/> English <input type="checkbox"/> Cantonese <input type="checkbox"/> Putonghua            Note: Please note that the spoken language chosen above is used for interview and practical assessments only. All the materials used in the interview, written tests and practical assessments are written in English.            The Assessment Agency provides the RPL assessment services on a non-profit making basis and the fees shall be determined by the assessment methods and cost required. If special services are needed in the course of assessment, the applicant may be required to pay a surcharge based on the “user-pay” principle.</p> <p>B. Are you a person with disability? <input type="checkbox"/> Yes <input type="checkbox"/> No            If special arrangement is needed, please specify with reason(s): _____            Note: The applicant may be required to submit a medical certificate as a proof of disability so that the Assessment Agency can make appropriate arrangements as and when required.</p>	

### II. CLUSTERS OF UNITS OF COMPETENCY UNDER WHICH RECOGNITION IS BEING SOUGHT

(Note: Applicant can apply for the recognition for more than one cluster.)

RPL Cluster (Name and Code)	QF Level	Years of Relevant Working Experience	Assessment	Re-assessment#	Fee (\$)	
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
Total years of working experience in the Testing, Inspection and Certification Industry : _____					Total (\$)	

#For re-assessment, please put a “✓” in the box as appropriate.

**III. RELEVANT WORKING EXPERIENCES** (*in chronological order*) (Attached photocopies of relevant supporting documents, provide the details on a separate sheet if needed. Please write down your name and HKID number on each page)

Name and Address of Company/ Organization	Position Held	Scope of Duty and Description***	From (DD/MM/YY)	To (DD/MM/YY)

\*\*\*To prove that the prescribed requirements are met, please specify the scope of duty and experience which are relevant to the clusters under which you seek recognition.

**IV. OTHER DOCUMENTS OR PROFESSIONAL QUALIFICATIONS RELEVANT TO THE ASSESSMENT** (Attached photocopies of relevant documents, provide the details on a separate sheet if needed)

In chronological order

**V. COLLECTION OF STATEMENT OF ATTAINMENT**

I wish to collect the Statement of Attainment by the following means (Please put a '✓' in the box as appropriate):

☐ in person at the Assessment Agency or by proxy.

☐ by mail (The Assessment Agency takes no responsibility for any loss or damage in the course of mail delivery.)

**VI. DECLARATION**

1) I declare that all the information submitted above is true and accurate and agree that it can be used for related purposes pursuant to the personal data policy of the Recognition of Prior Learning Assessment Agency for Testing, Inspection and Certification Industry ("the Assessment Agency"). I understand that providing false or misleading information will result in disqualification of my application and the Assessment Agency has the right to take legal action against me for my liability.

2) I agree consent that the Assessment Agency may contact the office-in-charge of the company(ies) or organization(s) concerned to verify my documentary proof of years of working experience and relevant experience.

3) I understand that I must not offer any gifts or hospitality to any staff of the Assessment Agency or related persons directly or by whatsoever means. An act otherwise may be a breach of the law and the qualifications recognised may be revoked.

4) I agree to compensate for any damage of machinery, tools or equipment in the course of my assessment. I also agree that the Assessment Agency and Hong Kong Metropolitan University shall take no responsibility in respect of any of my personal injury or death caused by any negligence on my part.

5) I agree that the interviews will be audio-video recorded for documentation and verification purposes.

6) I have read the provisions set out in the Application Guide and agree to abide by the regulations set out therein.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_