

E-Portal Quick Guide – Application for Assessment of Type 1 Qualified CPD Activities for Licensed Insurance Intermediaries (Structured and E-learning)

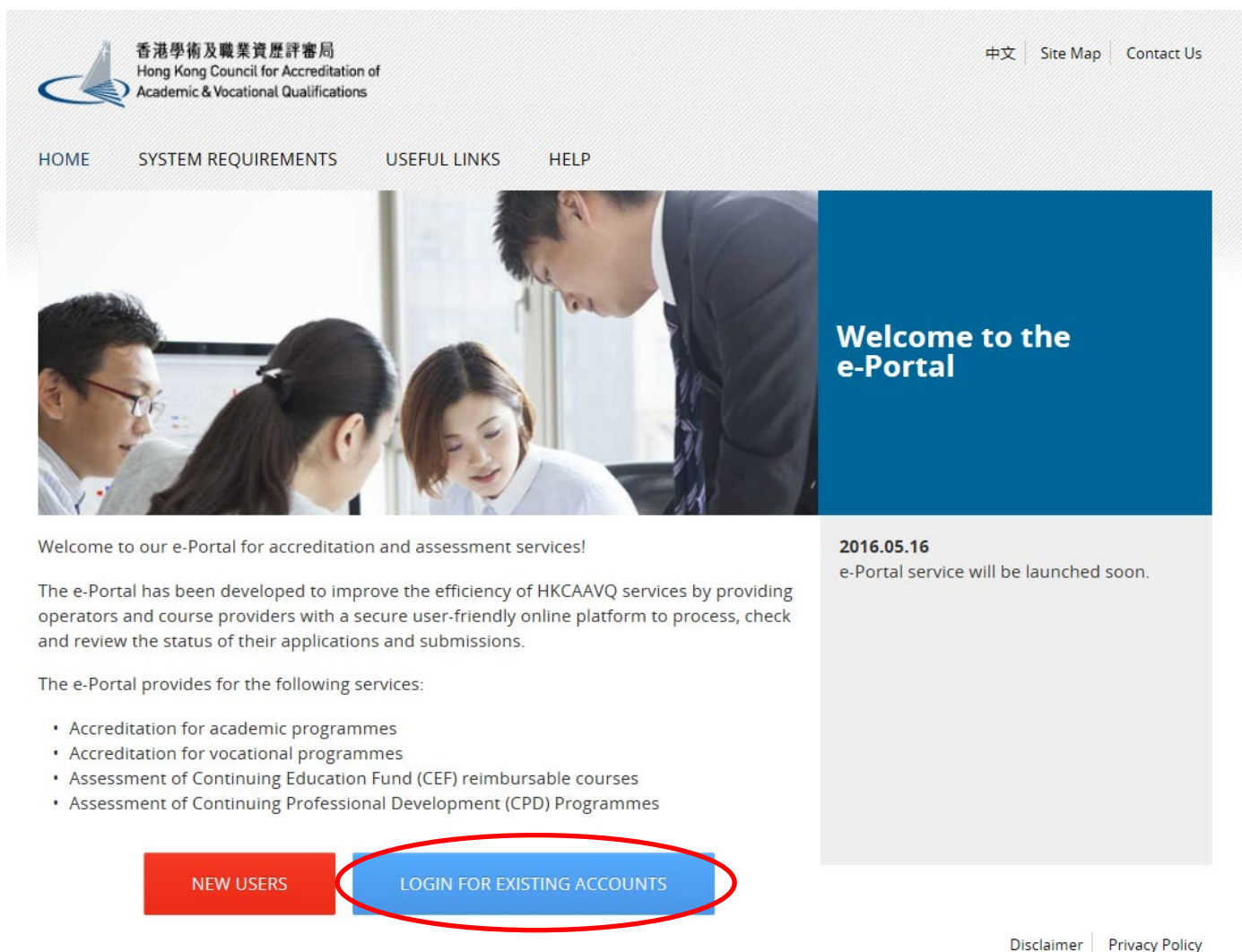
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1. Login to the e-Portal account

Step 1: Please go to <https://eportal.hkcaavq.edu.hk/>

Step 2: Click [LOGIN FOR EXISTING ACCOUNTS](#)



香港學術及職業資歷評審局
Hong Kong Council for Accreditation of
Academic & Vocational Qualifications

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HOME SYSTEM REQUIREMENTS USEFUL LINKS HELP

Welcome to the e-Portal

2016.05.16
e-Portal service will be launched soon.

Welcome to our e-Portal for accreditation and assessment services!

The e-Portal has been developed to improve the efficiency of HKCAAVQ services by providing operators and course providers with a secure user-friendly online platform to process, check and review the status of their applications and submissions.

The e-Portal provides for the following services:

- Accreditation for academic programmes
- Accreditation for vocational programmes
- Assessment of Continuing Education Fund (CEF) reimbursable courses
- Assessment of Continuing Professional Development (CPD) Programmes

[NEW USERS](#) [LOGIN FOR EXISTING ACCOUNTS](#)

Disclaimer | Privacy Policy

Step 2: After reading the Disclaimer, click [I Agree](#)

Disclaimer

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Step 3: Enter the Username and Password, click [Login](#)

中文

e-Portal

香港學術及職業資歷評審局
Hong Kong Council for Accreditation of
Academic & Vocational Qualifications

Username: *

Password: *

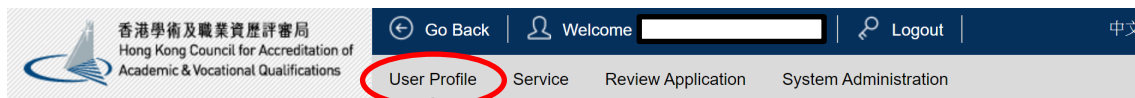
[Forgot Username or Password?](#)

Login

Create New Account

1.1 Update “User Profile”

Step 1: Click [User Profile](#)



User Profile

Username: [Change Password](#)

Name: *

Title Surname First Name

- ❖ Please update the Contact Persons and List of Addresses in “User Profile” before starting the application.
- ❖ Only when updated in “User Profile” can contact persons and addresses be shown in the application.

List of Addresses

The list should include:

1. Operator administrative address
2. Teaching venue

Please update the address list before submitting application.

| Address | Capacity (For CPD only) |
|------------------------------|-------------------------|
| <input type="checkbox"/> abc | 100 |

[Delete](#) [Add](#)

Contact Persons

The contact information of this account will not be automatically added into the list, please add to the list if needed.

| Title | Surname | First Name | Position | Phone No. | Fax No. | Email | Contact Address | Organisation (For CPD only) |
|-----------------------------|---------|------------|----------------|-----------|---------|-----------------|-----------------|-----------------------------|
| <input type="checkbox"/> Dr | CHAN | Alan | Principal | 12345678 | - | info@abc.com.hk | abc | - |
| <input type="checkbox"/> Dr | CHAN | Cindy | Vice Principal | 12345678 | - | info@abc.com.hk | dfd | - |
| <input type="checkbox"/> Dr | CHAN | david | Manager | 12345678 | - | info@abc.com.hk | dfd | - |

[Delete](#) [Add](#)

2. Create New Application

Step 1: Click [Create New Application](#)

香港學術及職業資歷評審局
Hong Kong Council for Accreditation of Academic & Vocational Qualifications

Welcome CPDPUSER4 | Logout |

User Profile Service

My Application

| Application ID | Service | Type | Scope / Course Title / Reference | Status | Last Update On | Document Uploaded |
|----------------------------------|---------|--------------------------------|----------------------------------|--------|----------------|-------------------|
| <input type="checkbox"/> 1600085 | CPD | Re-assessment | - | Draft | 19/05/2016 | - |
| <input type="checkbox"/> 1600078 | CPD | Change of Activity Information | - | Draft | 17/05/2016 | - |
| <input type="checkbox"/> 1600077 | CPD | Change of Activity Information | - | Draft | 16/05/2016 | - |
| <input type="checkbox"/> 1600060 | CPD | Change of Activity Information | - | Draft | 11/05/2016 | - |
| <input type="checkbox"/> 1600032 | CPD | Change of Activity Information | - | Draft | 10/05/2016 | - |
| <input type="checkbox"/> 1600031 | CPD | Change of Activity Information | - | Draft | 10/05/2016 | - |
| <input type="checkbox"/> 1600020 | CPD | Re-assessment | - | Draft | 06/05/2016 | - |
| <input type="checkbox"/> 1600017 | CPD | Assessment | - | Draft | 06/05/2016 | - |

[View Closed Applications](#) [Delete Selected Applications](#) [Copy as New Application](#) [Create New Application](#)

Step 2: Click the pull-down button, select “Assessment of CPD Activity”, then click [Next](#)

Please Select Service and Type of Application

Service: * The Continuing Professional Development Programme for Insurance Intermediaries (CPD)

Type of Application: *

Change of CPD Activity
Change of QF Accredited Learning Programme as CPD activity
Assessment of CPD Activity
Vetting of QF Accredited Learning Programme as CPD activity
Re-assessment of CPD Activity
Renewal of QF Accredited Learning Programme as CPD activity

Type of Application

[Next](#)

Step 3: After reading the Guidelines, please click [Next](#)

Guidelines for The Continuing Professional Development Programme for Insurance Intermediaries (for assessment, re-assessment and change application)

- This online application is applicable for CPD activity organiser who wishes to offer CPD activities under the Insurance Intermediaries Quality Assurance Scheme (IIQAS).
 - Please read the Assessment Criteria for the CPD Programme with Fee Schedule available at www.hkcaavq.edu.hk before you fill-in the online application form.
 - Please fill-in the required information and upload the supporting documents when submitting the online application for IIQAS CPD services. The checklist of required documents can be found in the online application form.
 - Please settle the assessment fee in accordance with the Fee Schedule. Payment methods are as follows:-
 - Bank deposit: please direct deposit the required assessment fee to Industrial and Commercial Bank of China (Asia) Limited a/c No. 072-861-502020073 (Hong Kong Council for Accreditation of Academic and Vocational Qualifications). Please upload the proof of payment with the online application form.
 - By cheque: please send the cheque with the printout (after submitting the form) from the online application and made payable to "Hong Kong Council for Accreditation of Academic and Vocational Qualifications" by post.
 - A receipt will be issued to you once the HKCAAVQ confirms the payment.
 - Please note that **an application will not be processed if no payment and/or insufficient documents are received by the HKCAAVQ.**
 - You may edit the online application form in "My Application" of this e-portal if you wish. Once you press "submit", you cannot edit the information and the status of this application will show "Review by HKCAAVQ" in "My Application".
 - Upon receiving the required supporting documents and application fee, the HKCAAVQ will send you an acknowledgement email and start processing your application.
 - The status of your application could be checked in "My Application" of this e-portal.
 - For enquiries, please contact the HKCAAVQ Secretariat at:
10 Siu Sai Wan Road
Chai Wan, Hong Kong
Tel: 3658 0000
Email: info@hkcaavq.edu.hk
- By clicking Next, you agree to the above guideline.

[Next](#)

3. Fill in the CPD Assessment Online Application Form

Tips:

1. You may click **Save as Draft** during the process. The application is temporarily saved and could be retrieved for later editing.

Step 1: Fill in the necessary information

- ❖ *For Structured Type 1 Qualified CPD Activity assessment applications, please state the Years of Experience in Organising the Structured CPD Activities or Related Activities*
- ❖ *For Type 1 Qualified E-learning Activity assessment applications, please specify the years of experience in organizing E-learning Programmes/CPD Activities*

CPD Assessment Online Application Form

[Click here](#) to view the notes to activity organisers.

| | | | |
|----------------------|----------------------------|--------------|---------------------|
| Type of Application: | Assessment of CPD Activity | Created: | 26/02/2020 10:24:50 |
| Status: | Draft | Last Update: | 26/02/2020 10:24:50 |
| Application ID: | 2000010 | Submitted: | - |

Title of Activity:

English

Chinese

Information about Activity Organiser

Name of Activity Organiser:

Years of Experience in Organising the Structured CPD Activities or Related Activities (for E-learning CPD assessment applications, please specify the years of experience in organising E-learning Programmes/CPD Activities):

Step 2: Fill in the information of Responsible Persons

- ❖ Click **Add** to add Responsible Persons, and then the box of “Select Contact Person” will be shown.
- ❖ Check the box next to the person you selected, click the pull-down button in the “Type”, and click **Save**. Please add new Contact Person in “User Profile”. After completing the details in User Profile, the information of new Contact Person will be shown in the application.

Responsible Persons

| Title | Surname | First Name | Organisation | Position | Contact Phone No. | Fax No. | Email | Contact Address | Type |
|-------------------|---------|------------|--------------|----------|-------------------|---------|-------|-----------------|------|
| No records found. | | | | | | | | | |

Delete Add

Select Contact Person

Please update in User Profile if the Contact Person is not found or is outdated.

Please specify Head of Organisation / Department, Person-in-charge and Authorized Contact Person.

| Title | Surname | First Name | Position | Contact Phone No. | Fax No. | Email | Contact Address |
|-----------------------------|---------|------------|----------------|-------------------|---------|--------------------------|--|
| <input type="checkbox"/> Dr | Lee | Kuen Wai | Director | 24567896 | - | uat_cpd2@hkcaa.vq.edu.hk | Room 2000, Tai Koo Building, 256 Prince Edward Road, Mong Kok, Kowloon |
| <input type="checkbox"/> Mr | Wong | Ka Lee | Vice President | 24567896 | - | uat_cpd2@hkcaa.vq.edu.hk | - |
| <input type="checkbox"/> Mr | Yip | Man Chuen | Manager | 23456789 | - | uat_cpd2@hkcaa.vq.edu.hk | Room 2000, Tai Koo Building, 256 Prince Edward Road, Mong Kok, Kowloon |

Type: *

Cancel Save

Select Contact Person

Please update in User Profile if the Contact Person is not found or is outdated.

Please specify Head of Organisation / Department, Person-in-charge and Authorized Contact Person.

| Title | Surname | First Name | Position | Contact Phone No. | Fax No. | Email | Contact Address |
|--|---------|------------|----------------|-------------------|---------|--------------------------|--|
| <input checked="" type="checkbox"/> Dr | Lee | Kuen Wai | Director | 24567896 | - | uat_cpd2@hkcaa.vq.edu.hk | Room 2000, Tai Koo Building, 256 Prince Edward Road, Mong Kok, Kowloon |
| <input type="checkbox"/> Mr | Wong | Ka Lee | Vice President | 24567896 | - | uat_cpd2@hkcaa.vq.edu.hk | - |
| <input type="checkbox"/> Mr | Yip | Man Chuen | Manager | 23456789 | - | uat_cpd2@hkcaa.vq.edu.hk | Room 2000, Tai Koo Building, 256 Prince Edward Road, Mong Kok, Kowloon |

Type: *

Cancel Save

3.1 Structured Activity

Steps 1-3: Information about the Activity

Information about the Activity

1 Proposed Starting Date:

2 Target Participants:

☐ In-house (employees of CPD Provider) ☐ General Public ☐ Employees of Commissioning Body

☐ Others (Please specify):

3 Number of CPD Hours Applied for:

Step 4: Adoption of Virtual Classroom

❖ *If the CPD activity would adopt virtual classroom, please provide details in the below:*

4 Adoption of Virtual Classroom: ☐ Yes ☐ No ☐ N/A (e-learning activity) [notes and guideline](#)

(a) Maximum number of participants:

(b) Has the application of virtual classroom been approved in other activity(ies)?

☐ Yes, please provide the CPD Reference No. of the latest approved activity: ☐ No

(c) Ratio of administrators to participants:

(d) Virtual Classroom delivery arrangement is not applicable to the module(s):

Assessment Fee of Adoption of Virtual Classroom: -

Step 5: Modular Design

❖ *If the CPD activity has a modular design, please check the box “Yes”, then fill in the information under “Add Module” and click **Save***

5 Modular Design: ☒ Yes ☐ No

If “Yes”, please specify the module(s) below

| Module Title | Number of Hours |
|-------------------|-----------------|
| No records found. | |

[Delete](#) [Add](#)

Add Module

Module Title: *

Number of Hours: *

[Cancel](#) [Save](#)

Steps 6-7: Duration, Aims and Objectives

- ❖ *Duration of Activity means the time required for completing the whole CPD activity.*

6 Duration of the Activity:


☐ days ☐ weeks ☐ months

7 Aims and Objectives:

Step 8: Type of Activity

- ❖ *Please refer to Guidance Notes for definition of Course, Seminars or Workshop.*

8 Type of the Activity:


 If the CPD activity is "E-learning", please click "Other (Please specify)" and input "E-learning".

☐ Course ☐ Seminar ☐ Workshop ☒ Others (Please specify):

Step 9: Contents of Activity

- ❖ *If the CPD activity is under the category of “**Ethics or Regulations**”, please click “Ethics or Regulations (Please state “Ethics or Regulations” in the box below; or Other disciplines which are directly related to the work of insurance intermediaries (please specify)” and input “Ethics or Regulations”.*
- ❖ *For a CPD activity to be approved under the category of “Ethics or Regulations”, all the contents of the whole activity should be related to “Ethics or Regulations”.*

9 Contents of the Activity:

 1. If the CPD activity is under the category of "Ethics or Regulations", please click "Other disciplines which are directly related to the work of insurance intermediaries (Please specify)" and input "Ethics or Regulations".

 2. For a CPD activity to be approved under the category of "Ethics or Regulations", all the contents of the whole activity should be related to "Ethics or Regulations".

☐ Local insurance (or related) legislation


☐ Regulatory aspects of insurance practice in Hong Kong (but the activity is NOT under the category of "Ethics or Regulations")


☐ Insurance

☐ Actuarial science

☐ Risk management

☐ Financial planning

 ☒ Ethics or Regulations (Please state "Ethics or Regulations" in the box below; or Other disciplines which are directly related to the work of insurance intermediaries (Please specify):



- ❖ If a CPD activity is under other category, please select appropriate discipline(s) or specify in the space provided (the contents should directly related to the work of insurance intermediaries).

9 Contents of the Activity:

① 1. If the CPD activity is under the category of "Ethics or Regulations", please click "Other disciplines which are directly related to the work of insurance intermediaries (Please specify)" and input "Ethics or Regulations".

② 2. For a CPD activity to be approved under the category of "Ethics or Regulations", all the contents of the whole activity should be related to "Ethics or Regulations".

☐ Local insurance (or related) legislation

☐ Regulatory aspects of insurance practice in Hong Kong (but the activity is NOT under the category of "Ethics or Regulations")

☐ Insurance

☐ Actuarial science

☐ Risk management

☐ Financial planning

☒ Ethics or Regulations (Please state "Ethics or Regulations" in the box below); or Other disciplines which are directly related to the work of insurance intermediaries (Please specify):

e.g. Financial Technology

Step 10: Number of Participants per Activity

- ❖ For Structured Activity adopting virtual classroom, please input the maximum number of participants per activity for a face-to-face activity.
- ❖ For Structured Activity adopting virtual classroom **ONLY**, please input the maximum number of participants per activity for virtual classroom. .

10 Number of Participants per Activity:

(a) Minimum:

(b) Maximum:

Step 11: Addresses of Teaching Venues

- ❖ For adding address(es), click **Add** and the address(es) you have entered in "User Profile" will be shown, then check the box next to Address, then click **Add**.
- ❖ Please add new address in "User Profile". After completing the details in User Profile, the information of new address will be shown in the application.

11 Addresses of Teaching Venues:

① For new venue(s) not previously approved by HKCAAVQ, please upload supporting documents such as floor plan(s), rental agreement(s) and insurance coverage for third party liability.

| Venue Address | Venue Capacity |
|-------------------|----------------|
| No records found. | |

Delete **Add**

Add Address

If you cannot find your address(es) of teaching venue here, please add them in your user profile.

| <input checked="" type="checkbox"/> Address | Capacity (for CPD only) |
|---|-------------------------|
| <input checked="" type="checkbox"/> abc | 100 |

Cancel **Add**

Steps 12-15: Others Details of Activity

12 Spoken Language of Delivery:

☐ English

☐ Cantonese

☐ Putonghua

13 Language of Printed Materials:

☐ English

☐ Chinese

14 Frequency of the Activity per Year:

15 Are the participants of CPD activity required to complete any examination and/or continuous assessment?

☐ Yes (please complete the following) The passing mark:

☐ No

Instructor Profile

- ❖ *For Structured Activity, please state the Minimum Appointment Criteria of Instructor.*

Staff Profile

- 1 For Structured Activity, please state the Minimum Appointment Criteria of Instructor.

For E-learning Activity, please state the Minimum Appointment Criteria of E-learning Administrator/ Instructor.

- 2 Person-in-charge:

(a) Name:


(b) Position in the Organisation:

(c) Full-time Position (if different from above):

(d) Experience in Managing or Conducting the Training Course:

(e) Academic Qualifications and Awarding Institutions:

(f) Professional Qualifications and Awarding Institutions:

 Please upload the instructor list.

Quality Assurance

- ❖ *For Structured Activity, please describe the Quality Assurance Mechanisms such as internal course approval procedures, attendance monitoring procedure, class observation(s), review meeting(s) on monitoring the CPD activity and follow up participants' feedback.*
- ❖ *For Structured Activity adopting virtual classroom, please also provide the description of Quality Assurance Mechanisms such as the implementation of virtual classroom, attendance monitoring procedure, review meeting(s) on monitoring the CPD activity and follow up participants' feedback.*
- ❖ *If the content exceeds the word limit, you may provide this information as attachment.*

Quality Assurance

Any learning activities to meet the aims and objectives?

Quality Assurance Measures. (e.g. attendance monitoring procedures, participant evaluation, class observation, review meeting, train the trainer, etc):

Fees and Refund

- ❖ *Please provide the fees and refund arrangement of the Activity.*

Fees and Refund

1

☐ Free of charge

☐ Fee paid by organisation

☐ Fee paid by participants

\$

2

Any other miscellaneous fees?

☒ Yes ☐ No

If yes, please provide the details below.

| Item | Amount |
|-------------------|--------|
| No records found. | |

Del

Add

Add Miscellaneous Fee

Item: *

Amount: *

Cancel

Save

Upload Supporting Documents

Step 1: Please download the checklist by clicking [checklist](#) to check what kinds of relevant documents are needed.

- ❖ For Structured Activity, please refer to the Supporting Document Checklist of Application for Assessment of Structured Type 1 Qualified CPD for Licensed Insurance Intermediaries for preparing the documents.
- ❖ The duly completed checklist should be uploaded (as Attachment 13) together with the documents.

Supporting Document(s)

Please upload supporting documents according to the [checklist](#). The template of instructor list is available [here](#).

| Document Type | File Name | Uploaded Date / Time |
|--------------------------------------|-----------|----------------------|
| No related documents uploaded. | | |
| <div> Delete Upload Documents </div> | | |

Application for Assessment of Structured Type 1 Qualified CPD Activity for Licensed Insurance Intermediaries

Supporting Document Checklist

Please prepare and upload the following documents to support your application. Failure to provide the following documents may delay the assessment process and affect the assessment outcome.

Please indicate the availability of the documents. The duly completed checklist should be uploaded (as Attachment 13) together with the documents.

| Attachment No. | Documents to be uploaded | Availability |
|----------------|--|--|
| 1. | Background information about the CPD Activity Provider with <u>organisational</u> chart. <i>(* applicable to first time application/ if there are any updates)</i> | <input type="checkbox"/> yes* <input type="checkbox"/> not applicable |
| 2. | Information of similar activities offered in the past For application involving virtual classroom, please also provide track records showing at least one qualified CPD activity had completed HKCAAVQ's Reassessment. <i>(* applicable to first time application/ if there are any updates)</i> | <input type="checkbox"/> yes* <input type="checkbox"/> not applicable |
| 3. | Copy of Business Registration (BR) / Certificate of Incorporation (CI) <i>(* applicable to first time application/ if there are any updates including the expiry date showed in the BR or CI)</i> | <input type="checkbox"/> yes* <input type="checkbox"/> not applicable |
| 4. | Lesson Plan with Hourly Breakdown; For CPD activity adopting modular design, an outline of all modules including module title, CPD hours, contents and number of modules should be clearly specified. | <input type="checkbox"/> yes |
| 5. | A full set of course materials, seminar handouts, or seminar papers. | <input type="checkbox"/> yes |
| 6. | Floor plan(s), rental agreement(s) and insurance coverage for third party liability and / or other possible evidence of activity venue For Structured Activity adopting virtual classroom only and without a designated teaching | <input type="checkbox"/> yes* <input type="checkbox"/> not applicable |

1

| | | |
|-----|--|--|
| | venue, please check the box "not applicable". <i>(* applicable to new venue(s) not previously approved by HKCAAVQ).</i> | |
| 7. | Profiles of all instructors or presenters including their academic and professional qualifications, and training/industry experience. | <input type="checkbox"/> yes |
| 8. | Sample End-of-Activity Participant Evaluation Form. | <input type="checkbox"/> yes |
| 9. | Sample attendance certificate issued to the CPD participants | <input type="checkbox"/> yes |
| 10. | Description of Quality Assurance Mechanisms such as internal course approval procedures, attendance monitoring procedure, class observation(s), review meeting(s) on monitoring the CPD activity and follow-up participants' feedback. For Structured Activity adopting virtual classroom, please also provide the detailed arrangements of virtual classroom as a delivery mode, e.g. specific attendance monitoring system, policies / guideline / methods for maintaining integrity and security of participants' data | <input type="checkbox"/> yes <input type="checkbox"/> already stated in the Online Application Form |
| 11. | Description of Technical Support Services <i>(* applicable to Structured Activity adopting virtual classroom)</i> | <input type="checkbox"/> yes* <input type="checkbox"/> not applicable |
| 12. | Sample of assessment paper (Exam or Test) with assessment criteria. <i>(* Where applicable)</i> | <input type="checkbox"/> yes* <input type="checkbox"/> not applicable |
| 13. | Completed Document Checklist | <input type="checkbox"/> yes |

■ END ■

2

Step 2: Click **Upload Documents** , then click **Select Files** .

❖ *You may put a number of files together into a compressed folder (e.g. zip, rar, 7z) to upload the document in one go.*

Supporting Document(s)

Please upload supporting documents according to the checklist. The template of instructor list is available here

| Document Type | File Name | Uploaded Date / Time |
|--------------------------------|-----------|----------------------|
| No related documents uploaded. | | |

Del **Upload Documents**

Upload Documents ✕

Document Type: * Supporting Document ▼

File Name: * **Select Files**

Cancel Upload

Step 3: When the file(s) are ready for upload, click **Upload**

Upload Documents ✕

Document Type: * Supporting Document ▼

File Name: * **Select Files**

Lesson Plan.pdf (79KB)

Cancel **Upload**

3.2 E-learning Activity

Steps 1-3: Information about the Activity

Information about the Activity

1 Proposed Starting Date:

2 Target Participants:

☐ In-house (employees of CPD Provider) ☐ General Public ☐ Employees of Commissioning Body

☐ Others (Please specify):

3 Number of CPD Hours Applied for:

Step 4: Not applicable for e-learning CPD activity

❖ *Please select “N/A (e-learning activity)” for E-learning CPD activity.*

4 Adoption of Virtual Classroom: ☐ Yes ☐ No ☐ N/A (e-learning activity) [notes and guideline](#)

(a) Maximum number of participants:

(b) Has the application of virtual classroom been approved in other activity(ies)?

☐ Yes, please provide the CPD Reference No. of the latest approved activity: ☐ No

(c) Ratio of administrators to participants:

(d) Virtual Classroom delivery arrangement is not applicable to the module(s):

Assessment Fee of Adoption of Virtual Classroom: -

Step 5: Modular Design

❖ *If the CPD activity has a modular design, please check the box “Yes”, then fill in the information under “Add Module” and click **Save***

5 Modular Design: ☒ Yes ☐ No

If “Yes”, please specify the module(s) below

| Module Title | Number of Hours |
|-------------------|-----------------|
| No records found. | |

[Delete](#) [Add](#)

Add Module

Module Title: *

Number of Hours: *

[Cancel](#) [Save](#)

Steps 6-7: Duration, Aims and Objectives

- ❖ *Duration of Activity means the time required for completing the whole CPD activity.*

6 Duration of the Activity:

☐ days ☐ weeks ☐ months

7 Aims and Objectives:

Step 8: Type of Activity

- ❖ *For e-learning CPD activity, please select “Others (Please specify)” and fill in “E-learning”.*

8 Type of the Activity:

If the CPD activity is "E-learning", please click "Other (Please specify)" and input "E-learning".

☐ Course ☐ Seminar ☐ Workshop ☒ Others (Please specify):

E-learning

Step 9: Contents of Activity

- ❖ *If the CPD activity is under the category of “**Ethics or Regulations**”, please click “Ethics or Regulations (Please state “Ethics or Regulations” in the box below; or Other disciplines which are directly related to the work of insurance intermediaries (please specify)” and input “Ethics or Regulations”.*
- ❖ *For a CPD activity to be approved under the category of “Ethics or Regulations”, all the contents of the whole activity should be related to “Ethics or Regulations”.*

9 Contents of the Activity:

1. If the CPD activity is under the category of "Ethics or Regulations", please click "Other disciplines which are directly related to the work of insurance intermediaries (Please specify)" and input "Ethics or Regulations".

2. For a CPD activity to be approved under the category of "Ethics or Regulations", all the contents of the whole activity should be related to "Ethics or Regulations".

☐ Local insurance (or related) legislation

☐ Regulatory aspects of insurance practice in Hong Kong (but the activity is NOT under the category of "Ethics or Regulations")

☐ Insurance

☐ Actuarial science

☐ Risk management

☐ Financial planning

☒ Ethics or Regulations (Please state "Ethics or Regulations" in the box below; or Other disciplines which are directly related to the work of insurance intermediaries (Please specify):

Ethics or Regulations

- ❖ *If a CPD activity is under other category, please select appropriate discipline(s) or specify in the space provided (the contents should directly related to the work of insurance intermediaries).*

9 Contents of the Activity:

① 1. If the CPD activity is under the category of "Ethics or Regulations", please click "Other disciplines which are directly related to the work of insurance intermediaries (Please specify)" and input "Ethics or Regulations".

② 2. For a CPD activity to be approved under the category of "Ethics or Regulations", all the contents of the whole activity should be related to "Ethics or Regulations".

☐ Local insurance (or related) legislation

☐ Regulatory aspects of insurance practice in Hong Kong (but the activity is NOT under the category of "Ethics or Regulations")

☐ Insurance

☐ Actuarial science

☐ Risk management

☐ Financial planning

☒ Ethics or Regulations (Please state "Ethics or Regulations" in the box below); or Other disciplines which are directly related to the work of insurance intermediaries (Please specify):

e.g. Financial Technology

Step 10: Number of Participants per Activity

- ❖ *Please provide the maximum number of participants who can join the activity platform at the same time.*

10 Number of Participants per Activity:

(a) Minimum:

(b) Maximum:

Step 11: Addresses of Teaching Venues

- ❖ *Applicant to e-learning CPD activity that need to conduct the face-to-face end-of-activity or end-of-module assessment only: For adding address(es), click **Add** and the address(es) you have entered in “User Profile” will be shown, then check the box next to Address, then click **Add**.*
- ❖ *Please add new address in “User Profile”. After completing the details in User Profile, the information of new address will be shown in the application.*

11 Addresses of Teaching Venues:

For new venue(s) not previously approved by HKCAAVQ, please unload supporting documents such as floor plan(s), rental agreement(s) and insurance coverage for third party liability.

| Venue Address | Venue Capacity |
|-------------------|----------------|
| No records found. | |

Add Address

If you cannot find your address(es) of teaching venue here, please add them in your user profile.

| <input checked="" type="checkbox"/> Address | Capacity (for CPD only) |
|---|-------------------------|
| <input checked="" type="checkbox"/> abc | 100 |

Add

Steps 12-15: Others Details of Activity

12 Spoken Language of Delivery:

☐ English ☐ Cantonese ☐ Putonghua

13 Language of Printed Materials:

☐ English ☐ Chinese

14 Frequency of the Activity per Year:

15 Are the participants of CPD activity required to complete any examination and/or continuous assessment?

☐ Yes (please complete the following) The passing mark: ☐ No

Instructor Profile

- ❖ *For E-learning Activity, please state the Minimum Appointment Criteria of E-learning Administrator/ Instructor.*

Staff Profile

- 1 For Structured Activity, please state the Minimum Appointment Criteria of Instructor.

For E-learning Activity, please state the Minimum Appointment Criteria of E-learning Administrator/ Instructor.

- 2 Person-in-charge:

(a) Name:


(b) Position in the Organisation:

(c) Full-time Position (if different from above):

(d) Experience in Managing or Conducting the Training Course:

(e) Academic Qualifications and Awarding Institutions:

(f) Professional Qualifications and Awarding Institutions:

 Please upload the instructor list.

Quality Assurance

- ❖ *Please describe Quality Assurance Mechanisms such as development, approval and review of e-learning activities, measures to review and ensure quality delivery; roles and responsibilities of involved personnel; follow up on participants' feedback.*
- ❖ *If the content exceeds the word limit, you may provide this information as attachment.*

Quality Assurance

Any learning activities to meet the aims and objectives?

Quality Assurance Measures. (e.g. attendance monitoring procedures, participant evaluation, class observation, review meeting, train the trainer, etc):

Fees and Refund

- ❖ *Please provide the fees and refund arrangement of the Activity.*

Fees and Refund

1

☐ Free of charge

☐ Fee paid by organisation

☐ Fee paid by participants

\$

2

Any other miscellaneous fees?

☒ Yes ☐ No

If yes, please provide the details below.

| Item | Amount |
|-------------------|--------|
| No records found. | |

Del

Add

Add Miscellaneous Fee

Item: *

Amount: *

Cancel

Save

Upload Supporting Documents

Step 1: Please download the checklist by clicking [checklist](#) to check what kinds of relevant documents are needed.

- ❖ For E-learning Activity, please refer to the Supporting Document Checklist of Application for Assessment of Type 1 Qualified E-learning Activity for Licensed Insurance Intermediaries for preparing the documents.
- ❖ The duly completed checklist should be uploaded (as Attachment 14) together with the documents.

Supporting Document(s)

Please upload supporting documents according to the [checklist](#). The template of instructor list is available here

| Document Type | File Name | Uploaded Date / Time |
|--------------------------------|-----------|---|
| No related documents uploaded. | | |
| | | Delete Upload Documents |

Application for Assessment of Type 1 Qualified E-learning Activity for Licensed Insurance Intermediaries

Supporting Document Checklist

Please prepare and upload the following documents to support your application. Failure to provide the following documents may delay the assessment process and affect the assessment outcome.

Please indicate the availability of the documents. The duly completed checklist should be uploaded (as Attachment 14) together with the supporting documents.

| No. | Documents to be uploaded | Availability | Supplementary Information for E-learning Activity Providers |
|-----|---|---|---|
| 1. | Background information about the E-learning Activity Provider with organisational chart. (Not applicable to first time application of E-learning Activity / If there are any updates, information of organising E-learning programmes / CPO activities.) | <input type="checkbox"/> yes <input type="checkbox"/> not applicable | N/A |
| 2. | Copy of Business Registration (BR) / Certificate of Incorporation (CI). (Not applicable to first time application of E-learning Activity / If there are any updates, information of organising E-learning programmes / CPO activities.) | <input type="checkbox"/> yes <input type="checkbox"/> not applicable | E-learning Activity Providers are to demonstrate their capabilities and capacities for conducting E-learning Activities through track records of conducting similar activities, e.g. experience in designing / delivering / administering E-learning activities. |
| 3. | Copy of Business Registration (BR) / Certificate of Incorporation (CI). (Not applicable to first time application of E-learning Activity / If there are any updates, information of organising E-learning programmes / CPO activities.) | <input type="checkbox"/> yes <input type="checkbox"/> not applicable | N/A |
| 4. | Activity Plan with details including module design, an outline of all modules including module title, CPO hours, contents and number of modules should be clearly specified. | <input type="checkbox"/> yes | An Activity Plan for E-learning Activities should include, but not limited to the following: • Learning objectives for each module / contents • Learning materials that should be able to attain the learning objectives of the E-learning Activities; • Mapping of instructions |

| | | | |
|----|---|------------------------------|---|
| 5. | A full set of instructional materials, e.g. lecture notes, PowerPoint slides, transcription of video-clips (if applicable) and digital media. | <input type="checkbox"/> yes | E-learning Activity Providers should include the instructional materials submission with an easy-to-read and consistent system and clearly indicate their sequence / mapping with the corresponding topics / contents in the Activity Plan. The instructional materials submitted for assessment should be in the format that allow the Assessment Authority to review any particular parts of the content in the process. However, when the E-learning Activities are actually delivered, participants should be prevented from copying or full-screening through any materials (e.g. text / narration / multi-media) against the related topics / contents. (For example, CPOs / Participants should not be able to copy / paste / print / screenshot / or any other information (such as purpose design and implementation) about activities / test papers / questions (or any other forms of contents) adopted as learning reinforcement and End / Full assessment) at the end of each topic. If any "check points" where participants could resume their learning after logout. For E-learning Activities adopting module design, the activity plan should further include the image and sequences / pre-arranged between modules, where appropriate. |
|----|---|------------------------------|---|

| | | | |
|----|--|--|---|
| 6. | Floor plan, rental agreement, insurance coverage for third party liability and/or other possible evidence of activity venue. (Not applicable to E-learning Activities with a designated assessment venue) | <input type="checkbox"/> yes <input type="checkbox"/> not applicable | E-learning Activity Providers who do not adopt a two-factor authentication should include the end-of-module (EOM) assessment of the entire E-learning Activity in person at a designated venue as provided by the E-learning Providers. The venue setting should be suitable and in accordance with the design of the End / Full assessment of the E-learning Activities as appropriate. |
| 7. | Description of secured login and identity authentication system adopted. | <input type="checkbox"/> yes <input type="checkbox"/> already approved in previous E-learning | For E-learning Activities conducted in an unsupervised environment, the E-learning Activity Providers should provide detailed description with screen-shots about the |

| | | | |
|-----|--|---|--|
| 8. | Profiles of all E-learning administrators / instructors including their academic and professional qualifications, and training/industry experience. | <input type="checkbox"/> yes | E-learning Administrators / Instructors should possess academic and/or recognised professional qualifications relevant to the contents of the E-learning Activities, plus an appropriate mix of experience in designing, developing, managing or delivering E-learning. |
| 9. | Sample End-of-Activity Participant Evaluation Form | <input type="checkbox"/> yes | The evaluation form can be in electronic or hard copy format. |
| 10. | Description of Technical Support Services including roles and responsibilities of respective technical personnel and a range of services provided by different technical personnel and the selection criteria for external service providers | <input type="checkbox"/> already identified in previous E-learning Activity application | E-learning Activity Providers can appoint in-house technical personnel or external service providers for the technical support services. There should include, but not limited to the following: • Technical support services available to participants, such as troubleshooting, online |

| | | | |
|-----|---|--|---|
| 11. | Sample attendance certificate issued to the CPO participants | <input type="checkbox"/> yes | N/A |
| 12. | Description of Quality Assurance Mechanisms such as the procedures for the development, approval and review of E-learning Activities, measures to review activity content and monitor E-learning administrators/instructors' performance and - review meetings) on monitoring the CPO activity and follow up users' feedback. | <input type="checkbox"/> yes <input type="checkbox"/> already identified in the Online Application Plan | Where revision / update of the E-learning Activities involve an external party, such as an external platform service provider, the E-learning Activity Providers should also involve an external party in the internal and external communication channels and approval process. Completion rate in E-learning Activities refers to the percentage of enrolled |

Step 2: Click **Upload Documents**, then click **Select Files**.

❖ *You may put a number of files together into a compressed folder (e.g. zip, rar, 7z) to upload the document in one go.*

Supporting Document(s)

Please upload supporting documents according to the checklist. The template of instructor list is available here

| Document Type | File Name | Uploaded Date / Time |
|--------------------------------|-----------|----------------------|
| No related documents uploaded. | | |

Del

Upload Documents

Upload Documents

Document Type: *

Supporting Document

File Name: *

Select Files

Cancel

Upload

Step 3: When the file(s) are ready for upload, click **Upload**

Upload Documents

Document Type: *

Supporting Document

File Name: *

Select Files

Lesson Plan.pdf (79KB)

Cancel

Upload

4. Payment

- ❖ If you wish to pay by cheque, please send the cheque with the printout of application available after pressing “Submit Application”
- ❖ If you select to settle the payment by bank deposit, please upload the proof of payment with the following steps

Step 1: Please select the Payment Method by clicking the pull down button

Payment

Assessment Fee: \$8,000.00 Payment Method:

If you select to settle the payment by bank deposit, please upload the proof of payment. If you wish to pay by cheque, please send the cheque with the printout available after pressing 'Submit Application' to HKCAAVQ.

Proof of Payment: -

Choose File to Upload: [Select File](#)

[Upload Proof of Payment](#)

Payment Method: Bank-Deposit, Cheque, Tele-Transfer

Step 2: Select Bank-Deposit in Payment Method, then click [Select File](#)

Payment

Assessment Fee: \$8,000.00 Payment Method:

If you select to settle the payment by bank deposit, please upload the proof of payment. If you wish to pay by cheque, please send the cheque with the printout available after pressing 'Submit Application' to HKCAAVQ.

Proof of Payment: -

Choose File to Upload: [Select File](#)

[Upload Proof of Payment](#)

Payment Method: Bank-Deposit, Cheque, Tele-Transfer

Step 3: Click [Upload Proof of Payment](#)

Payment

Assessment Fee: \$8,000.00 Payment Method:

If you select to settle the payment by bank deposit, please upload the proof of payment. If you wish to pay by cheque, please send the cheque with the printout available after pressing 'Submit Application' to HKCAAVQ.

Proof of Payment: -

Choose File to Upload: [Select File](#)

[Upload Proof of Payment](#)

Proof of payment.docx (12KB)

Payment

Assessment Fee: \$8,000.00 Payment Method:

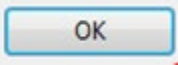
If you select to settle the payment by bank deposit, please upload the proof of payment. If you wish to pay by cheque, please send the cheque with the printout available after pressing 'Submit Application' to HKCAAVQ.

Proof of Payment: [Proof of payment.docx](#)

Choose File to Upload: [Select File](#)

[Upload Proof of Payment](#)

Payment Method: Bank-Deposit

Step 4: If you would like to apply for an Express Service, please click “Apply for an Express Service”, then click  .

❖ *Additional fee should be paid on top of the original assessment fee at the time when the express service application is accepted by HKCAAVQ.*

Payment

Assessment Fee: \$8,000.00

Payment Method:

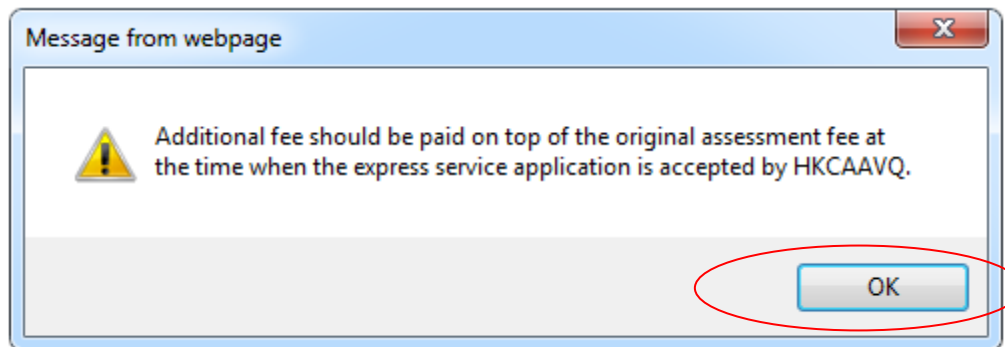
☒ Apply for an Express Service

If you select to settle the payment by bank deposit, please upload the proof of payment. If you wish to pay by cheque, please send the cheque with the printout available after pressing 'Submit Application' to HKCAAVQ.

Proof of Payment:

Choose File to Upload:

Select File



Step 1: Click [Download Application Form](#) , select your preferred Language and click [Download](#) .
The completed form will be shown for your own record.

I will abide by HKCAAVQ Assessment Criteria, and declare that all the information provided in the application form is accurate to the best of my knowledge. I understand and accept that HKCAAVQ may approach us direct for further information regarding the application. I also understand and accept that a non-refundable assessment fee is charged for the assessment work irrespective of the assessment outcome, and the fees should be made payable in advance to the 'Hong Kong Council for Accreditation of Academic and Vocational Qualifications'.

A person who, either orally or in writing, makes any statement or representation or furnishes any information to HKCAAVQ in connection with the performance of its functions under HKCAAVQ Ordinance (Chapter 1150) which the person knows or reasonably ought to know is misleading or false in a material respect commits an offence and is liable on conviction to a fine at level 5.

[Submit Application](#)[Download Application Form](#)

Back Save as Draft

Please select your preferred Language: * ☐ Chinese ☒ English

Cancel Download

[illegible]

Step 2: After reading the declaration, check the box next to “I agree with the above declaration”, and press [Submit Application](#)

Declaration

I will abide by HKCAAVQ Assessment Criteria, and declare that all the information provided in the application form is accurate to the best of my knowledge. I understand and accept that HKCAAVQ may approach us direct for further information regarding the application. I also understand and accept that a non-refundable assessment fee is charged for the assessment work irrespective of the assessment outcome, and the fees should be made payable in advance to the 'Hong Kong Council for Accreditation of Academic and Vocational Qualifications'.

A person who, either orally or in writing, makes any statement or representation or furnishes any information to HKCAAVQ in connection with the performance of its functions under HKCAAVQ Ordinance (Chapter 1150) which the person knows or reasonably ought to know is misleading or false in a material respect commits an offence and is liable on conviction to a fine at level 5.

☒ agree with the above declaration

[Submit Application](#)

[Download Application Form](#)

[Back](#) [Save as Draft](#)

Step 3: The message from webpage will be shown, please read the message and click

OK

Message from webpage

You will not be allowed to make further changes once the application is submitted. Click OK to proceed or Cancel to edit your application.

[OK](#) [Cancel](#)

Step 4: The application has been submitted successfully. *If you wish to pay by cheque, please print this page together with the cheque and send to HKCAAVQ.* If you want to edit your application, Click [Back](#)

Submit Application

The online application was submitted successfully.

Application ID: 1600100 Submitted: 24/05/2016 16:25:24

[Back](#) [Print](#)

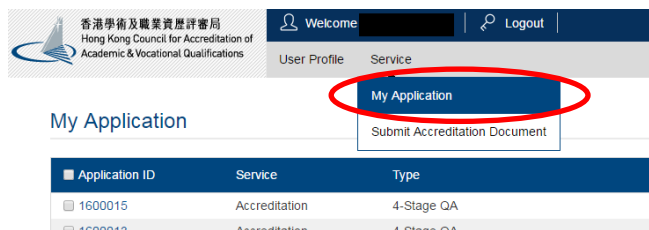
Step 5: The application you submitted to HKCAAVQ will be shown under “My Application”. The status of the application will be changed to “For Review by HKCAAVQ”.

My Application

| Application ID | Service | Type | Scope / Course Title / Reference | Status | Last Update On | Document Uploaded |
|----------------------------------|---------|------------|----------------------------------|-----------------------|----------------|-------------------|
| <input type="checkbox"/> 1600100 | CPD | Assessment | aaa | For Review by HKCAAVQ | 24/05/2016 | |

6. Special Function

The following functions are under the page of “My Application”.



6.1 View Closed Applications

Step 1: Click **View Closed Applications**, you may review the completed application(s)

My Application

| <input checked="" type="checkbox"/> Application ID | Service | Type | Scope / Course Title / Reference | Status | Last Updated | Document Uploaded |
|--|---------|--------------------------------|----------------------------------|--------|--------------|-------------------|
| <input checked="" type="checkbox"/> 1600002 | CPD | Change of Activity Information | - | Draft | 26/05/2016 | - |

View Closed Applications Delete Selected Applications Copy as New Application Create New Application

Closed Application

| Application ID | Service | Type | Scope / Course Title / Reference | Status | Last Updated |
|-------------------|---------|------|----------------------------------|--------|--------------|
| No records found. | | | | | |

Back Copy as New Application

6.2 Delete Selected Applications

Step 1: Check the box next to the application ID, click **Delete Selected Applications**, and the application you have selected will be deleted

My Application

| <input checked="" type="checkbox"/> Application ID | Service | Type | Scope / Course Title / Reference | Status | Last Updated | Document Uploaded |
|--|---------|--------------------------------|----------------------------------|--------|--------------|-------------------|
| <input checked="" type="checkbox"/> 1600002 | CPD | Change of Activity Information | - | Draft | 26/05/2016 | - |

View Closed Applications **Delete Selected Applications** Copy as New Application Create New Application

My Application

| Application ID | Service | Type | Scope / Course Title / Reference | Status | Last Updated | Document Uploaded |
|-------------------|---------|------|----------------------------------|--------|--------------|-------------------|
| No records found. | | | | | | |

View Closed Applications Delete Selected Applications Copy as New Application Create New Application

6.3 Copy as New Application

Step 1: Check the box next to the application ID, click **Copy as New Application**, the information of the selected application(s) will be copied with different Application ID.

My Application

| <input checked="" type="checkbox"/> Application ID | Service | Type | Scope / Course Title / Reference | Status | Last Updated | Document Uploaded |
|--|---------|--------------------------------|----------------------------------|--------|--------------|-------------------|
| <input checked="" type="checkbox"/> 1600002 | CPD | Change of Activity Information | - | Draft | 26/05/2016 | - |

[View Closed Applications](#) [Delete Selected Applications](#) [Copy as New Application](#) [Create New Application](#)

My Application

| <input type="checkbox"/> Application ID | Service | Type | Scope / Course Title / Reference | Status | Last Updated | Document Uploaded |
|---|---------|--------------------------------|----------------------------------|-----------------------|--------------|-------------------|
| <input type="checkbox"/> 1600003 | CPD | Change of Activity Information | a | Draft | 26/05/2016 | - |
| <input type="checkbox"/> 1600002 | CPD | Change of Activity Information | a | For Review by HKCAAVQ | 26/05/2016 | - |

[View Closed Applications](#) [Delete Selected Applications](#) [Copy as New Application](#) [Create New Application](#)

Step 2: Click the Application ID, and you may edit the necessary information for submitting another application(s)

My Application

| <input checked="" type="checkbox"/> Application ID | Service | Type | Scope / Course Title / Reference | Status | Last Updated | Document Uploaded |
|--|---------|--------------------------------|----------------------------------|-----------------------|--------------|-------------------|
| <input type="checkbox"/> 1600003 | CPD | Change of Activity Information | a | Draft | 26/05/2016 | - |
| <input type="checkbox"/> 1600002 | CPD | Change of Activity Information | a | For Review by HKCAAVQ | 26/05/2016 | - |

[View Closed Applications](#) [Delete Selected Applications](#) [Copy as New Application](#) [Create New Application](#)

CPD Assessment Online Change Application Form

[Click here to view the notes to activity organisers](#)

| | | | |
|-----------------------------|--|---------------|---------------------|
| Type of Application: | Change of CPD Activity | Created: | 26/05/2016 14:44:48 |
| Status: | Draft | Last Updated: | 26/05/2016 14:44:48 |
| Application ID: | 1600003 | Submitted: | - |
| Name of Activity Organiser: | Institute of Financial Planners of Hong Kong | | |
| CPD Ref. No.: | 80/92/02 | | |
| Title of Activity: | a | | |
| | English | Chinese | |

Details of Proposed Changes

| Category | Change from | Change to | Effective Date | Reason(s) |
|------------------------------------|-------------|-----------|----------------|-----------|
| <input type="checkbox"/> CPD Hours | 1 | 2 | 02/05/2016 | more ppl |

[Delete](#) [Add](#)

Responsible Persons

| Title | Surname | First Name | Organisation | Position | Contact Phone No. | Fax No. | Email | Contact Address | Type |
|-----------------------------|---------|------------|--------------|----------|-------------------|---------|-------|-----------------|-----------------------------------|
| <input type="checkbox"/> Mr | a | a | - | - | - | - | - | - | Head of Organisation / Department |
| <input type="checkbox"/> Ir | b | b | - | - | - | - | - | - | Person-in-charge |
| <input type="checkbox"/> Ir | b | b | - | - | - | - | - | - | Authorised Contact Person |

[Delete](#) [Add](#)

Supporting Document(s)

Please upload supporting documents according to the checklist.

| Document Type | File Name | Uploaded Date / Time |
|--------------------------------|-----------|----------------------|
| No related documents uploaded. | | |

[Delete](#) [Upload Documents](#)

Declaration

I will abide by HKCAAVQ Assessment Criteria, and declare that all the information provided in the application form is accurate to the best of my knowledge. I understand and accept that HKCAAVQ may approach us direct for further information regarding the application. I also understand and accept that a non-refundable assessment fee is charged for the assessment work irrespective of the assessment outcome, and the fees should be made payable in advance to the Hong Kong Council for Accreditation of Academic and Vocational Qualifications.

A person who, either orally or in writing, makes any statement or representation or furnishes any information to HKCAAVQ in connection with the performance of its functions under HKCAAVQ Ordinance (Chapter 1150) which the person knows or reasonably ought to know is misleading or false in a material respect commits an offence and is liable on conviction to a fine at level 5.

☐ I agree with the above declaration

[Submit Application](#)

[Download Completed Application Form for Your Own Record](#)

[Back](#) [Save as Draft](#)

7. Points to Note

- The Quick Guide aims to provide a step-by-step guidance for using the e-Portal service. Before submitting the application(s), you should read the related Guidance Notes on Assessment of CPD Activities with Fee Schedule on the HKCAAVQ website at https://www.hkcaavq.edu.hk/en/assessment/CPD_IA_prog/.
- For enquiries, please contact:

Assessment and Vetting of CPD Activities for Licensed Insurance Intermediaries

Contact person: Ms Ann LAM

Telephone: 3658 0137

Email: cpd_ia@hkcaavq.edu.hk