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**e-Portal User Accounts Authorisation**

**Declaration Form**

**Part I Introduction**

An electronic portal (e-Portal) is to facilitate online applications and/or submission of documents for:

* Accreditation
* Assessment of Continuing Education Fund (CEF) Reimbursable Courses
* Assessment and Vetting of Continuing Professional Development (CPD) Programmes
* Seminars and Training Events

This Form is submitted for: (*please tick in the appropriate box*):

🞎 **Registration for new user account**

*Please upload the completed Form (Parts II, III, IV and V) via the e-portal.* ***For new operator/course provider/activity organiser****, please also submit the supporting documents, e.g. copy of Business Registration, Certificate of Incorporation or other relevant documents via the e-Portal.*

🞎 **User account maintenance**

*Please upload the completed Form (Parts III, IV and V) via the e-Portal.*

Please send the duly completed original Form by Post to HKCAAVQ, 10 Siu Sai Wan Road, Chai Wan, Hong Kong.

**Part II Details of Organisation / Institution**

**Please provide information of the organisation/ institution. The Organisation/ Institution must have the legal capacity to enter into a contract and sign Service Agreement with HKCAAVQ. Legal capacity means that the Organisation/ Institution is a legal entity (example:  the holding organisation or company / university or institute or statutory bodies).**

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| --- |
| **Name of Organisation / Institution (English):** |
|  |
| **Name of Organisation / Institution (Chinese):** |
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| **Address (English):** |
|  |
| **Address (Chinese):** |
|  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Executive Head** **or ##Authorised Person** (*for signing HKCAAVQ Service Agreement*) | | | | | | |
| Title: |  | Surname: |  | First name: | |  |
| Position: | | |  | | | |
| Department/Division/Discipline/Unit  (*if applicable*): | | |  | | | |
| **Primary contact information** | | | | | | |
| Telephone Number: | | |  | Type: | \*\*Office/Mobile/Other:\_\_\_\_\_ | |
| Fax Number: | | |  | | | |
| Email: | | |  | | | |

## If the operator is a registered company under Cap 622, then the person to sign the service agreement must be an authorised person (i.e. a Director) by its Board of Directors.

**Part III Details of Operator / Course Provider / Activity Organiser**

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| **Accreditation** |

Please fill in (a), (b) and/or (c) if information is different from Part II

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| 1. **Name and Address of Operator / Assessment Agency** |
| Name in English: |
|  |
| Name in Chinese: |
|  |
| Address in English: |
|  |
| Address in Chinese: |
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(Please add rows to the table if this Authorisation Form includes information of more than one Operator / Assessment Agency.)

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| **Assessment of Continuing Education Fund (CEF)**  **Reimbursable Courses** |

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| 1. **Name and Address of Course Provider** |
| Is the information the same as Part II or III(a)?  ☐ Yes (*The information is the same as:* ☐ Part II, ☐ Part III(a))  *🡪* (*please go to (c)*)  ☐ No *(please fill in the information below)* |
| Name in English: |
|  |
| Name in Chinese: |
|  |
| Address in English: |
|  |
| Address in Chinese: |
|  |

(Please add rows to the table if this Authorisation Form includes information of more than one Course Provider.)

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| **Assessment and Vetting of Continuing Professional Development (CPD) Programmes** |

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| 1. **Name and Address of Activity Organiser** |
| Is the information the same as Part II or III(a) or (b)?  ☐ Yes (*The information is the same as:* ☐ Part II, ☐ Part III(a), ☐ Part III(b))  🡪 *(Please go to next Part)*  ☐ No *(please fill in the information below)* |
| Name in English: |
|  |
| Name in Chinese: |
|  |
| Address in English: |
|  |
| Address in Chinese: |
|  |

(Please add rows to the table if this Authorisation Form includes information of more than one Activity Organiser.)

**Part IV User Account Registration / Maintenance**

*(e-Portal users are to submit online applications and related documents in representation of the Operator / Course Provider / Activity Organiser named in Part III.)* **Please indicate the user account login name(s) of your choice and fill in the following table. HKCAAVQ reserves the right to modify the login name(s).**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name (User)** | | | **Email** | **#User Account Login Name** | **^Role**  *(Notes refers, please fill-in the relevant code)* | **Add/Delete User Account** |
| **Title** | **Surname** | **First Name** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |

(Please add rows to the table if more user accounts are required.)

***Notes:***

**# User Account Login Name must be 6-40 alphabets/ numbers (no symbol and space). Alphabets will be automatically converted to upper case.**

**^ Each user can have one or several roles in the selected services, they include:**

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| **Code** | **Role** |
| A | Executive Head or Authorised Person (*for signing HKCAAVQ Service Agreement*) |
| B | Accreditation Contact Person *(for liaising with HKCAAVQ about accreditation exercise)* |
| C | Survey Contact Person (*for providing feedback to accreditation exercise)* |
| D | Responsible Person of CEF Course Provider |
| E | CEF Contact Person *(for liaising with HKCAAVQ about CEF applications, if applicable.)* |
| F | Head/ Person-in-Charge of CPD Activity Organiser |
| G | CPD Contact Person *(for liaising with HKCAAVQ about CPD applications, if applicable.)* |
| H | Event Contact Person *(for liaising with HKCAAVQ about training events, forum, seminars, workshops related to accreditation service)* |

**Part V Authorisation**

(*This part is for the Executive Head or Authorised Person / Responsible Person of CEF Course Provider* / *Head of Organisation or Person-in-Charge for CPD to confirm information in the above parts and to authorise the assigned user account(s) in representation of the Operator / Agency / Course Provider / Activity Organiser using the e-Portal to submit service applications and related documents)*

* **I have read and fully understood all the information required to be submitted for the purpose of e-Portal user account(s) registration.**
* **I confirm the information provided in this Form is true and accurate.**
* **I agree to authorise the assigned user account(s) in Part IV of this Form to use the e-Portal to submit online applications and related documents in representation of the Operator / Course Provider / Activity Organiser named in Part III of this Form.**
* **I am responsible for the maintenance of the user account(s) specified in Part IV of this Form. The maintenance includes addition or deletion of user account(s) in representation of the Operator / Course Provider / Activity Organiser named in Part III of this Form; as well as the details in the user profile of each assigned user account.**
* **I have obtained the necessary prior consent of the data subjects in respect of the disclosure of their personal data to HKCAAVQ in this Form as required by the Personal Data (Privacy) Ordinance (Cap. 486).**

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| Signature    (signed by the Executive Head or the Authorised Person for Accreditation/ Responsible Person for CEF / Head of Organisation for CPD ) |  | Name in block letter |
|  |  |  |
| Date |  |  |