**FORM 2**

**non-local higher and professional**

**education (regulation) ordinance (cap.493)**

**form 2 - information required for exemption**

**of a course from registration**

Please complete **one** form for each course.

It is important that you read the **‘Guide for Exemption of a Course from Registration’** obtainable from the Non-local Courses Registry of the Education Bureau (EDB) before you make a submission.

This form should be completed in accordance with the directions specified in the form and the Guidance Notes. Incomplete information may cause delay in processing your submission.

The form together with its specified attachments should be submittedto:

The Registrar

Non-local Courses Registry

Education Bureau

Room 603, 6/F

14 Taikoo Wan Road

Taikoo Shing

Hong Kong

**PERSONAL INFORMATION COLLECTION STATEMENT**

Purpose of Collection

1. The personal data provided by you in this form will be used by the EDB for one or more of the following purposes:

(a) Activities relating to the processing, authentication and counter-checking of the application for exemption from registration of non-local courses;  
  
(b) Activities relating to matching of the personal data with the database of other relevant Government bureaux / departments in connection with the processing, authentication and counter-checking of the application mentioned in (a) above;  
  
(c) Activities relating to matching of the personal data within the database of the EDB for purposes of verifying / updating records of the EDB;  
  
(d) Activities relating to training and development including invitation of participation in programmes/activities, applications for reimbursement of course fees, assessment of nominations, awards and scholarship, and monitoring of attainment progress;  
  
(e) Activities relating to the processing and vetting of applications for, and disbursement of, funding / grants / subsidies, and conducting of audits;   
  
(f) Activities relating to compilation of statistics, research and Government publications; and  
  
(g) Activities relating to the administration and enforcement of rules and regulations including the Education Ordinance (Cap. 279), its subsidiary legislation (such as the Education Regulations and the Grant/Subsidized Schools Provident Fund Rules) and the Codes of Aid.

2. The provision of personal data required by this form and during the processing of this form is obligatory. In the event that you do not provide those personal data, we may not be able to handle or further process the application.

Classes of Transferees

3. The personal data you provide will be made available to persons working in the EDB. Apart from this, they may be transferred or disclosed to the parties or in the circumstances listed below:-  
  
(a) other Government bureaux and departments for the purposes mentioned in paragraph 1 above;   
  
(b) the school in which the form relates for the purposes mentioned in paragraph 1 above;  
  
(c) personnel, agent, service provider or organisations, including the Hong Kong Council for Accreditation of Academic and Vocational Qualifications, engaged by the EDB to provide services or advice for purposes mentioned in paragraph 1 above;  
  
(d) where you have given your prescribed consent to such disclosure; and  
  
(e) where such disclosure is authorised or required under the law or court order applicable to Hong Kong.

Access to Personal Data

4. You have the right to request access to and correction of your personal data held by the EDB. Request for access to or correction of personal data should be made in writing to Executive Officer (Non-local Courses Registry)1 at Room 603, 6/F, 14 Taikoo Wan Road, Taikoo Shing, Hong Kong or email to [exoncr1@edb.gov.hk](mailto:exoncr1@edb.gov.hk).

|  |  |  |  |
| --- | --- | --- | --- |
| Course Name: |  |  | (For Office Use Only) |
|  |  |  | Ref. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Date of Receipt: \_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |

**SECTION A**

**PARTICULARS OF OPERATOR** *(see Guidance Note A)*

1. Name of operator in English \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of operator in Chinese (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. The operator is

🞏 an academic institution

🞏 a partnership / consortium

🞏 a corporation

🞏 an individual

🞏 other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Correspondence address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. Fax No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B**

**INFORMATION ABOUT THE NON-LOCAL INSTITUTION / NON-LOCAL PROFESSIONAL BODY AWARDING THE QUALIFICATION TO WHICH THE COURSE LEADS** *(see Guidance Note B)*

1. Name of non-local institution / non-local professional body

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Year of establishment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Main address in home country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. Fax No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Type of institution

🞏 Publicly-funded

🞏 Private

🞏 Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please tick the appropriate box)

8. Status of institution

🞏 Degree awarding

🞏 Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Nature of the professional body (if applicable)

**SECTION C**

**INFORMATION ABOUT THE LOCAL INSTITUTION OF HIGHER EDUCATION***(see Guidance Note C)*

1. Name of the institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Fax No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Contact person

a. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Post \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e. Fax No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please provide a certificate issued by the executive head of the local institution certifying that the course has fulfilled the conditions set out in Section 8(1)(a)(i),(ii) and (iii) of the Ordinance.(**Attachment 1**)

(Please tick the appropriate box)

**SECTION D**

**INFORMATION ABOUT THE COURSE CONDUCTED / TO BE CONDUCTED IN HONG KONG** *(see Guidance Note D)*

1. Name of course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Title of award the course leads to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Date / Proposed date of first delivery of the course in Hong Kong \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Mode of delivery

🞏 face-to-face

🞏 distance learning with face-to-face tuition

🞏 distance learning without face-to-face tuition

🞏 other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Length of course (in months)

|  |  |  |
| --- | --- | --- |
|  | a. | Average length |
|  | b. | Minimum length |
|  | c. | Maximum allowable length |

6. Minimum entry requirements

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Course Curriculum

Please provide an outline of the course curriculum (**Attachment 2**), making clear the following:

|  |  |  |
| --- | --- | --- |
|  | a. | Aims and objectives of the course |
|  | b. | Course structure |
|  | c. | Details of any course/course components that have been introduced to ensure local relevance |

(Please tick the appropriate box)

8. Course assessment

Please indicate how the course is assessed by using one or more of the boxes below making clear the relevant weightings in percentages -

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Year/  Module 1 | Year/  Module 2 | Year/  Module 3 | Year/  Module 4 |
| 🞏 Written examination | % | % | % | % |
| 🞏 Continuous assessment | % | % | % | % |
| 🞏 Thesis/Dissertation/Project | % | % | % | % |
| 🞏 Other [please specify] | % | % | % | % |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

9. Teaching and learning activities associated with the course in Hong Kong

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Teaching / learning activities | | No. of hours  in Hong Kong | No. of hours  outside  Hong Kong | Total no. of staff involved |
| Lectures | compulsory |  |  |  |
|  | optional |  |  |  |
| Tutorials/ | compulsory |  |  |  |
| Seminars | optional |  |  |  |
| Group | compulsory |  |  |  |
| discussion  sessions | optional |  |  |  |
| Self-study/Distance learning | |  |  |  |
| Others [Please specify] | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |

10. Teaching Staff

Please give names, qualifications and present full-time occupation of local and non-local staff appointed to assist with teaching / learning activities in Hong Kong.

(**Attachment 3**)

(Please tick the appropriate box)11. Student numbers in Hong Kong

a. Total number of students registered in Hong Kong (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Maximum number per intake \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Minimum number per intake \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Average number per intake (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Number of most recent intake (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. Date of the most recent intake (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

g. Frequency of intakes in Hong Kong \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Student facilities and support services provided in Hong Kong

🞏 Learning materials

🞏 Access to library

🞏 Access to information technology facilities

🞏 Access to academic / pastoral tutors

🞏 Language support

🞏 Study skills

🞏 Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give brief description of the student facilities / support services provided (**Attachment 4**).

13. Fees and charges

a. Total course fee for the complete course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Number of instalments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Amount of each instalment and normal time for payment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Where course fee is not inclusive, please give details of further fees payable by students -

Amount Time for payment

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 On application |  |  |  |
| 🞏 For registration |  |  |  |
| 🞏 For course materials |  |  |  |
| 🞏 For examination |  |  |  |
| 🞏 Other (please specify) |  |  |  |
| TOTAL |  |  |  |

e. Are there procedures in place to allow for refund of fees where appropriate?

🞏 Yes 🞏 No

If yes, please provide details and if no, please give reasons. (**Attachment 5**)

(Please tick the appropriate box)

14. Please provide details (**Attachment 6**) of any quality assurance system or procedure in place to ensure that the administration and delivery of the course in Hong Kong is up to the standard as required / recognised by the non-local institution / professional body.

**SECTION E**

**DECLARATION BY OPERATOR OF THE COURSE** *(See Guidance Note E)*

I declare that all the above information regarding the course, namely \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is to the best of my knowledge, true and accurate.

Signature

Name in block letters

Capacity in which signed Vice-Chancellor / President / Principal /

Chairman / Chief Executive \*

Date

\* Please delete as appropriate

- END -