FORM 7P

## Non-local Higher and Professional Education

**(Regulation) Ordinance (Cap.493)**

## Annual Return of a Registered Course

**Leading to a Non-local Professional Qualification**

It is important that you read the Non-local Higher and Professional Education (Regulation) Ordinance, (the Ordinance), in particular, sections 10, 13(1), 14(1) and 20, and the accompanying Guidance Notes before completing this Form.

This Form should be completed in accordance with the directions specified in the Form and the Guidance Notes.

The completed Form and the necessary attachments should be submitted **IN DUPLICATE** to:

The Registrar of Non-local Higher and Professional Education Courses

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 Education Bureau (EDB) for one or more of the following purposes:
2. Activities relating to the processing, authentication and counter-checking of the form for registration of non-local courses;
3. 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 form mentioned in (a) above;
4. Activities relating to matching of the personal data within the database of the EDB for purposes of verifying / updating records of the EDB;
5. 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;
6. Activities relating to the processing and vetting of applications for, and disbursement of, funding / grants / subsidies, and conducting of audits;
7. Activities relating to compilation of statistics, research and Government publications; and
8. Activities relating to theadministration 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.
9. 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 form.

Classes of Transferees

1. 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:-
2. other Government bureaux and departments for the purposes mentioned in paragraph 1 above;
3. the school in which the form relates for the purposes mentioned in paragraph 1 above;
4. 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;
5. where you have given your prescribed consent to such disclosure; and
6. where such disclosure is authorised or required under the law or court order applicable to Hong Kong.

Access to Personal Data

1. 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.

|  |  |
| --- | --- |
| **SECTION A GENERAL INFORMATION**1. Course Name: 2. Registration No: 3. Qualification Title:  | (For Office Use Only)Date of Receipt: |
| 4. Professional Body: 5. Operator: 6. Reporting Period: From to  |

**SECTION B UPDATING OF PARTICULARS PREVIOUSLY REPORTED**

1. There has been no change in the particulars previously reported in respect of

 *(please tick the appropriate box)*

1. the operator
2. the non-local professional body awarding the qualification
3. the local agency / representative’s office in Hong Kong
4. the designated person whose name is

2. There has / have been change(s) in the particulars previously reported in respect of

 *(please tick the appropriate box)*

1. the operator
2. the non-local professional body awarding the qualification
3. the local agency / representative’s office in Hong Kong
4. the designated person

 Please specify the change(s) below or where appropriate, re-submit the relevant section(s) of Form 1P.

**SECTION C PRESENT CONTACT PERSONS**

1. Non-local Professional Body Awarding the Professional Qualification:

|  |  |
| --- | --- |
|  | Head of Professional Body |
| Name |  |
| Designation |  |
| Name of Institution and Address |  |
| Phone |  |
| Fax |  |
| E-mail |  |

2. Operator of the Course Conducted in Hong Kong:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Executive Head  | Course Director(Hong Kong Course) | Other Authorised Contact Person (if any) |
| Name |  |  |  |
| Designation |  |  |  |
| Name of organisation / company and Address |  |  |  |
| Phone |  |  |  |
| Fax |  |  |  |
| E-mail |  |  |  |

**SECTION D FEES, PAYMENT ARRANGEMENT AND REFUND ARRANGEMENT**

1. Total Course Fee: effective as from (date)
2. Where the course fee is not inclusive, please give details of other fees / charges payable by students:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Item* |  | *Amount* |  | *Time for Payment* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Please advise if any fee reduction facility (e.g. scholarships, discounts) is available to students.

 ⬜ Yes (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

* No

*(Please tick as appropriate)*

1. ⬜ The payment arrangement is the same as approved at the time of registration

 approval.

⬜ The payment arrangement has been changed since (date)

and the Registrar has approved the change.

⬜ Others *(please specify)*

*(Please tick as appropriate)*

1. ⬜ The refund arrangement is the same as approved at the time of registration

 approval.

⬜ The refund arrangement has been changed since (date) and the Registrar has approved the change.

⬜ Others *(please specify)*

*(please tick as appropriate)*

###### REMINDER

As required by section 19 of the Ordinance, the Registrar must be notified within one month of any changes in the approved arrangement of payment and refund of a registered course. As some changes will affect the meeting of the registration criteria, it is advisable that the Registrar can be notified well in advance of the changes.

**SECTION E ENROLMENT STATISTICS**

1. No. of recruitment exercise during the reporting period *(please specify the date(s))*:

2. No. of new students admitted during the reporting period: **Male** **Female**

3. No. of students successfully completed the course during the reporting period:

**Male** **Female**

4. No. of drop-outs from the course during the reporting period: **Male** **Female**

5. No. of students registered at the end of the reporting period: **Male** **Female**

**SECTION F COURSE DURATION (in months)**

1. Standard length#:

2. Minimum length#:

3. Maximum allowable length#:

4. Duration of each module / unit / subject\*:

5. No. of terms / semesters\* each year:

6. Duration of each term / semester\*:

***# Please refer to the GUIDANCE NOTES FOR COMPLETION OF FORM 7P for the definitions of these fields.)***

\* *Delete as appropriate*

**SECTION G INFORMATION ABOUT THE COURSE CONDUCTED IN HONG KONG**

Please fill in only the relevant sections where aspects of the course have been changed during the reporting period. Please furnish necessary approval / supporting documents and use separate sheets, where appropriate.

|  |  |  |
| --- | --- | --- |
| Item | Any Change | Updated Information (if any change) |
| 1. Name of course | Yes / No |  |
| 2. Title of professional qualification | Yes / No |  |
| 3. Mode of delivery | Yes / No |  |
| 4. Length of course | Yes / No |  |
| 5. Admission requirements | Yes / No |  |
| 6. Maximum exemptions allowed | Yes / No |  |
| 7. Course structure and content | Yes / No |  |
| 8. Completion requirement | Yes / No |  |
| 9. Weighting of assessment elements | Yes / No |  |
| 10. Student support services | Yes / No |  |

**SECTION H INFORMATION ABOUT THE NON-LOCAL PROFESSIONAL QUALIFICATION TO WHICH THE COURSE LEADS TO**

1. Is there any change to the requirements for the award of the professional qualification as reported previously?

 *(please tick the appropriate box)*

🞏 Yes 🞏 No

If yes, please specify the change(s) below and attach relevant documents, if any.

1. Is there any change to the arrangements previously reported for administration of the qualifying examination of the professional qualification?

 *(please tick the appropriate box)*

🞏 Yes 🞏 No 🞏 N/A

If yes, please specify the change(s) below.

**SECTION I REGISTRATION CONDITION(S)**

1. Please indicate the action taken or being taken to fulfil the standing Condition listed in the table below.

|  |  |
| --- | --- |
| Condition imposed | Action taken or being takento fulfill the condition |
| The Operator shall maintain copies of each student’s application form(s), offer letter(s), credit exemption document(s), attendance record(s), transcript(s), certificate(s) and payment record(s) in relation to the course commencing from the beginning of the student’s studies until two calendar years after the completion or termination (on whatever grounds) of such student’s studies. |  |

2. Has there been any condition imposed for registration of the course other than the Standing Condition above ?

 *(please tick the appropriate box)*

🞏 Yes 🞏 No

3. If yes, please provide the following information:

|  |  |
| --- | --- |
| Condition(s) imposed | Action taken or being takento fulfill the condition(s) |
|  |  |

**SECTION J QUALITY ASSURANCE PROCEDURES**

Please furnish necessary supporting documents and use separate sheets, where appropriate.

1. Where applicable, please state the previously reported period of accreditation/recognition of the Hong Kong course by the professional body

From to

 (month/year) (month/year)

1. Any accreditation conducted on the course during the reporting period:

 *(please tick the appropriate box)*

1. Yes *(please attach the relevant document)*
2. No

3. When is the next external accreditation expected to be conducted?

4. Quality assurance activities actually conducted during the reporting period, including any new features / systems introduced:

 *(please give details including the dates, purpose and effect of the activities)*

5. Student evaluation of the course, if conducted:

*(please specify measures adopted for the evaluation and provide summary findings)*

**SECTION K CURRENT HONG KONG TEACHING STAFF PROFILE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Staff Identification Reference No. ➊ | Qualifications &Awarding Institution(e.g. BSc. HKU) | Relevant Teaching Experience(in years) ➋ | Teaching Experience with This Course(in years) | Subjects Taught for This Courseduring the Reporting Period |
|  |  |  |  |  |

➊ *Not necessary to provide the name of staff but his/her number only for identification. Please also specify whether FT (full-time) or PT (part-time).*

➋ *Please specify whether FT or PT, name of institution, teaching position and type of course taught (e.g. degree / sub-degree / professional studies).*

**SECTION L TEACHING ACTIVITIES DURING THE REPORTING PERIOD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Subject Offered | Lecture(in hours) | Tutorial(in hours) | Other Face-to-face Teaching Activity(in hours) | Responsible Staff |
|  |  |  |  |  |

**SECTION M DECLARATION BY OPERATOR OF THE COURSE**

I declare that all the above information regarding this annual return of the course, namely,

(Course name)

is, to the best of my knowledge, true and accurate. I also declare that the course is recognised by

(Name of non-local professional body awarding the qualification)

for the purpose of awarding the qualification as stated in Section A of this Form or of the claimed purpose referred to in section 2(2)(b)(ii) of the Ordinance.

Signature

Name in Block Letters

Capacity in which Signed

Name of Operator

Date

**CHECKLIST BEFORE SUBMISSION**

* All sections have been completed.
* Section M has been signed.
* The following required documents have been attached:
	+ Brochure / Pamphlet of the non-local professional body awarding the qualification(s) *(if available)* and
	+ Student Handbook for the course *(if available)* and
	+ Brochure / Pamphlet for the course and
	+ Accreditation document for the course *(where accreditation has taken place during the reporting period)*.