



**Maritime and Aviation Training Fund
Professional Training and Examination Refund Scheme (Aviation)
Application Form for Course Provider/ Examination Authority**

Note

1. When preparing in the application(s), please make reference to the explanatory notes to the assessment criteria of aviation-related courses/examinations. The Government has the right to review and approve the application.
2. Applicants may be required to verify the information submitted and/or provide additional information necessary during the processing of the application(s).
3. If there is not enough space, please use the supplementary sheet at page 6.

Part A: Information about course provider / examination authority	
Name of course provider/examination authority	Chinese: English:
Address	
Telephone number	
E-mail	
Website	
Business Registration number	(Note: Please submit a copy of Business Registration certificate showing the registered address.)
Responsible Person / Course Director	Name: Position: Phone number: Email:

<p>Brief introduction of the course provider/ examination authority (including but not limited to establishment year, teaching experience, number of course provided, participants, etc.)</p>	
<p>Part B: Course/ Examination Proposal</p>	
<p>Course/Examination Title</p>	
<p>Tuition/Examination fee (HK\$)</p>	
<p>Teaching/ Examination venue</p>	
<p>Course objective(s)</p>	

Course/Examination outline and syllabus (Please provide sample of teaching materials)	
Course duration (For course only)	
Contact hour (For course only)	
Mode of delivery (For course only)	
Course attendance requirement(s) (For course only)	
Assessment method(s)	
Completion requirement(s)	
Target participant(s)	
Maximum class size (For course only)	

<p>Qualifications of the course instructor(s) and course instructor appointment criteria</p>	
<p>Any documentary proof (e.g. certificate, transcript, letter) would be issued by the course/examination provider certifying that the applicant has completed the course to the satisfaction of the provider or passed the relevant examination</p>	
<p>The quality assurance mechanism for the course / examination</p>	

<p>Justifications on how your course/examination will help to enhance the competency of in-service practitioners and/or address the manpower/development needs of the aviation sector</p>	
<p>Is this course included in other publicly funded financial assistance scheme (e.g. CEF)?</p>	
<p>Other relevant details you consider it necessary for us to consider your application</p>	

Signature of Responsible Person / Course Director

Name in block letter

Course provider seal / chop

Date

Item :