**CONTINUING EDUCATION FUND (CEF)**

**Consent for CEF Course Participant upon Enrolment[[1]](#footnote-1)\***

**(For Course(s) operated by Local Self-accrediting Course Providers)**

Name of CEF Course Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEF Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEF Course Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commencement Date of the Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT on Disclosure of Personal Data**

1. I understand that Labour and Welfare Bureau (“LWB”), the Office of CEF (“OCEF”) and the Hong Kong Council for Accreditation of Academic and Vocational Qualifications (“HKCAAVQ”) are responsible for monitoring and processing the applications for fee reimbursement under the CEF.

2. The public authorities referred to in paragraph 1 above (“Specified Public Authorities”) may require my personal data provided to the above CEF Course Provider for the purposes of fees reimbursement and audit inspection if I apply for fees reimbursement under the CEF.

3. OCEF would be unable to process my application for fees reimbursement if I do not consent to the disclosure of my personal data to the Specified Public Authorities **before** attending the course(s), or otherwise the Specified Public Authorities would not have access to time-sensitive information in relation to my application.

*Please tick only one box as appropriate*

* I have read and understand the above paragraphs. I consent to the disclosure of my personal data, any other information and records in relation to the above course(s) to the Specified Public Authorities for the purposes of fees reimbursement under the CEF and audit inspection.
* I have read and understand the above paragraphs. I confirm that I will not apply for fee reimbursement under the CEF for the above course(s) and do not consent to the disclosure of my personal data to the Specified Public Authorities.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Course Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Hong Kong Identify Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[就「同意聲明」範本的注意事項，培訓機構可參閱英文版本。]*

**持續進修基金 (基金)**

**基金課程參加者報讀基金課程時的**

**「同意聲明」[[2]](#footnote-2)\***

**(適用於本地自行評審培訓機構開辦之課程)**

**基金培訓機構名稱：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**基金課程名稱：** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**基金課程編號：** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**課程開課日期：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**同意披露個人資料**

1. 本人明白，勞工及福利局(勞福局)、持續進修基金辦事處(基金辦事處)及香港學術及職業資歷評審局(評審局)負責監管及審批基金發還款項申請。
2. 如本人作出基金發還款項申請，上文第1段所指的公共當局(指定公共主管當局)，或需索取本人提供予上述培訓機構的個人資料，以作審批基金發還款項申請及審核巡查用途。
3. 如本人於修讀課程**前**未有同意披露個人資料予指定公共主管當局，基金辦事處將不能處理本人的基金發還款項申請，指定公共主管當局或沒法取得與本人申請相關而具時效性的資料。

*請在適當方格內加上「✓」號*

* 本人已細閱並明白上文各段內容。本人同意披露本人的個人資料、與上述課程有關的任何其他資料及記錄予指定公共主管當局，以施行審批基金發還款項申請及審核巡查。
* 本人已細閱並明白上文各段內容。本人確認將不會就上述課程作出基金發還款項申請，以及不同意披露本人的個人資料予指定公共主管當局。

簽署：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 課程參加者姓名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 香港身份證號碼：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

日期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \* To be signed by every CEF course participant **upon** course enrolment and kept by the Course Provider. [↑](#footnote-ref-1)
2. \* 由每名基金課程參加者於報讀時簽署，並由培訓機構存檔。 [↑](#footnote-ref-2)