

Note: Please read carefully before you complete this consent form:

1. This consent form is to be signed by **every** CEF course participant **upon** course enrolment and kept by the Course Provider.
2. The consent is only valid for ONE particular CEF course. If you (course participant) enroll in more than one CEF course(s) of the same course provider, you should sign the consent separately. If during the course of study you have changed the following CEF course(s) or your study programme (i.e. mother programme of the CEF course), you may be required to sign a new consent form for each course.
3. To be eligible to apply for CEF, applicants should be
 - Hong Kong residents who have the right of abode or the right to land or to remain in Hong Kong without restriction, or
 - Holders of one-way permit from the Mainland ChinaOther terms and conditions may apply, for details of CEF, please visit: <https://www.wfsfaa.gov.hk/cef/en/preparation/overview.htm>
4. Please submit the completed form to us **in person or by mail**.
 - **Address:**
Admissions & Enrolment Team (Taught Postgraduate), Registry
A0511, Block A, Main Campus
Hong Kong Metropolitan University

CONTINUING EDUCATION FUND (CEF)
Consent for CEF Course Participant upon Enrolment
(For Course(s) operated by Local Self-accrediting Course Providers)

Name: _____ Student No.: _____

Name of CEF Course Provider: Hong Kong Metropolitan University

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: _____

注意：在您填寫此同意書之前請仔細閱讀以下事項：

1. 每位報讀持續進修基金課程的人士，於報讀該課程時必須簽署此同意聲明並由課程提供機構保存。
2. 每份「同意聲明」僅適用於一個持續進修基金課程。如果你（課程參加者）報讀多於一個持續進修基金課程，請就每個課程填寫新的「同意聲明」。如果你於修讀期間，轉讀其他持續進修基金課程，或轉修你的課程（即持續進修基金課程所屬之主體課程），你可能需要簽署新的一份同意書。
3. 持續進修基金(CEF) 的申請資格包括申報人必須：
 - 屬香港居民並擁有香港居留權、或香港入境權、或有權在香港逗留而不受任何逗留條件限制，或
 - 持單程證從中國大陸來港定居的人士有關持續進修基金的其他申請條件，詳情請參閱此網站：<https://www.wfsfaa.gov.hk/cef/en/preparation/overview.htm>
4. 請親臨本校或以郵寄方式遞交已填妥的「同意聲明」。
 - 地址：
香港都會大學（正校園）A 座五樓 A0511 室
教務處入學及註冊組（授課式研究生課程）

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」
(適用於本地自行評審培訓機構開辦之課程)

姓名： _____ 學生編號： _____
基金課程提供機構名稱： _____ 香港都會大學 _____
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紀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： _____