



HONG KONG INSTITUTION OF CERTIFIED AUDITORS

The Secretary of HKICA

Room 108, 1/F Sun Ling Plaza, 30 On Kui Street, Fanling, New Territories

Tel: 2789 2389, Email: info@hkica.org Website: <http://www.hkica.org>

APPLICATION FORM AS APPROVED TRAINING COURSE

(Please submit one form for each course to be approved by the Certification Board)

| | | |
|--|--|---|
| Name of Course Organizer: | | |
| Title of Course: | | |
| Admission Requirements, if any: | | |
| Level: | | |
| Course Objectives: | | |
| Breakdown of contents | Teaching topic | Duration |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| Total contact hours: | | Evening (<input type="checkbox"/>) / Saturday (<input type="checkbox"/>) /weekday (<input type="checkbox"/>) |
| Assessment: | (a) Assessment Method(s) and Weighting: _____ (_____%); _____ (_____%); and _____ (_____%). (b) Overall Passing Mark: | |
| Attendance Requirement: | | |
| Maximum class size | | |
| Minimum class size for course to be held | | |



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| | | | |
|--|--|--|--|
| Instructor appointment criteria | (a) Education qualification(s): _____ AND / OR; (b) Professional qualification(s): _____ AND / OR; (b) Year of auditing experience: _____ AND / OR; (d) Year of training experience: _____ | | |
| Total tuition fees (excluding the administration fee of HKICA) | HK\$ | | |
| Expected first commencement date (new course) | | | |
| Year of delivering the course | | | |
| Tentative schedule (on annual basis) | | | |
| Approved Training establishment: | | | |
| System of control of records/documents/evaluation | | | |
| Any certification or approval from another Training Certification Association? | | No <input type="checkbox"/> Yes <input type="checkbox"/> | |
| Name of Training Certification Association, if yes: | | | |
| First certification/approval date: | | | |
| Authorized contact: | | Position: | |
| Signature: | | Date: | |



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| FOR SECRETARIAT USE ONLY: | | | | |
|--|--|----------------------------------|------------------------------|-----------------------------|
| Fulfill syllabus and duration | Document review <input type="checkbox"/> | On-site <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Qualification of trainer | Document review <input type="checkbox"/> | On-site <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Performance of trainer | Document review <input type="checkbox"/> | On-site <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Exercise and case study | Document review <input type="checkbox"/> | On-site <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Assessment mode and questions | Document review <input type="checkbox"/> | On-site <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| RECOMMENDATION | | | | |
| Overall comments: _____ _____ _____ _____ | | | | |
| Training course is recommended to be approved | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Team Leader: | | Signature : | | |
| Other team member: | | Signature : | | |

主辦機構

Organised by



Hong Kong Institution of Certified Auditors

香港专业审核师学会

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工业贸易署

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