



# 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](mailto: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
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 ☐ No ☐

Team Leader: Signature :

Other team member: Signature :