



# Continuing Education Fund

## Notes on Completing the Application Form

Eligible applicants may submit unlimited number of claims for reimbursement of fees on successful completion of Continuing Education Fund (CEF) reimbursable courses up to a maximum sum of HK\$25,000. The co-payment ratios by learners (i.e. the percentage of fees to be borne by learners) for the first HK\$10,000 subsidy is 20% of the course fee and that for the remaining HK\$15,000 subsidy is 40% of the course fee. Please complete Part A to D of the “CEF Application Form” according to the instructions given in the Form and in the following notes.

### Part A – Personal Data

1. First application
  - ◆ Please fill in the appropriate English alphabet. (Yes=Y; No=N)
2. Name in Chinese
  - ◆ Please fill in your name in Chinese as recorded in your Hong Kong Smart Identity Card, if applicable.
3. Title
  - ◆ Please fill in the appropriate number. (Mr.=1 ; Ms.=2 ; Miss=3)
4. Name in English
  - ◆ Please fill in your English name in block letters as recorded in your Hong Kong Smart Identity Card.
  - ◆ Please start from the first box, fill in surname first and then other name. Leave a space between each word. Punctuation marks are not necessary.
5. Hong Kong Smart Identity Card No.
  - ◆ Please fill in your Hong Kong Smart Identity Card Number.
  - ◆ Your data should be right-justified, for example:

|    |  |   |   |   |   |   |   |   |     |
|----|--|---|---|---|---|---|---|---|-----|
| 53 |  | Z | 7 | 6 | 5 | 4 | 3 | 2 | (1) |
|----|--|---|---|---|---|---|---|---|-----|

6. Date of Birth
  - ◆ Please fill in your date of birth as recorded in your Hong Kong Smart Identity Card.
  - ◆ For example, a person who was born on 1 July 1980 should fill in:

|    |   |      |   |       |   |      |   |   |
|----|---|------|---|-------|---|------|---|---|
| 62 | 0 | 1    | 0 | 7     | 1 | 9    | 8 | 0 |
|    | 日 | Date | 月 | Month | 年 | Year |   |   |

- ◆ If day and month are not specified in your Hong Kong Smart Identity Card, please fill in “0101” in the “日 Date 月 Month” field.
7. Correspondence Address
    - ◆ Please fill in your correspondence address in English block letters in the boxes provided.
    - ◆ Please start from the first box and leave a space between each word. Punctuation marks are not necessary.
    - ◆ For box 246, please fill in the appropriate number. (Hong Kong=1 ; Kowloon=2 ; New Territories=3)
    - ◆ If it is a P.O. Box address, please start from box 86.
    - ◆ If your residential address is not the same as your correspondence address, please indicate your residential address in Part C – “Additional Information of Applicant”.
  8. Email address
    - ◆ Please fill in your email address
  9. Residential Telephone
    - ◆ Please fill in your residential phone number in the boxes provided.
    - ◆ Please start from the first box.
  10. Local Mobile Phone
    - ◆ Please fill in one daytime contact local mobile phone number in the boxes provided.
    - ◆ Please start from the first box.
  11. Bank Account No.
    - ◆ Please fill in the bank account number of saving / current account for receiving reimbursement from CEF. (Please start from the first box by filling in the bank code, branch code and account number accordingly. (Please make enquiry from your bank about its bank code)
    - ◆ The account must not be a fixed deposit account, a credit card account, a foreign currency account or a loan account.
  12. Name of Bank Account Holder in English
    - ◆ Please fill in the English name of the bank account holder. The name of the applicant on bank account must be exactly the same as the name on the Hong Kong Smart Identity Card)

13. Are you a degree holder?
  - ◆ Please fill in the appropriate English alphabet. (Yes=Y; No=N) (This information is used for statistical purpose)
14. Ethnicity
  - ◆ Please fill in the appropriate number. (Chinese=1 ; Pakistani=2 ; Nepalese=3 ; Others=4) (This information is used for statistical purpose)
  - ◆ If you have chosen “Others” as the choice of your ethnicity, please specify your ethnicity.

## **Part B – Application for Reimbursement of Fees**

### **Part I**

1. Name of Institution / Course Provider
  - ◆ Please fill in the name of the institution or course provider of the course as published in the “Reimbursable Course List”.
2. CEF Institution / Course Provider Code
  - ◆ Please fill in the code of the institution or course provider as published in the “Reimbursable Course List”.
3. CEF Course Code
  - ◆ Please fill in the course code as published in the “Reimbursable Course List”.
4. CEF Course Title
  - ◆ Please fill in the course title as published in the “Reimbursable Course List”.
5. Course Commencement Date
  - ◆ Please fill in the commencement date of the course for which reimbursement of fees is to be made.
6. Date of Course Completion
  - ◆ Please fill in the completion date of the course for which reimbursement of fees is to be made.
7. Date of 1<sup>st</sup> instalment of Tuition Fees Paid
  - ◆ Please fill in the date you paid the 1<sup>st</sup> instalment of tuition fees.
8. Actual Amount of Tuition Fees Paid
  - ◆ Please fill in the actual amount of tuition fees paid for the course. Please round down the amount to the nearest dollar and be right-justified.

### **Part II**

1. Certification by the Institution / Course Provider (To be completed by the institution / course provider)
  - ◆ Applicants should submit the CEF Application Form to the institution / course provider for certifying that the course information provided in Part B (I) is correct before submitting it to the Office of the Continuing Education Fund (OCEF).

### **Part III (if applicable)**

1. Name of Benchmark Test / Examination
  - ◆ Please fill in the name of the benchmark test / examination that you have taken.
2. Date of Benchmark Test / Examination
  - ◆ Please fill in the date of the benchmark test / examination that you have taken.
3. Date of Test / Examination Fee Paid
  - ◆ Please fill in the date you paid test / examination fee.
4. Benchmark Test / Examination Fee Paid
  - ◆ Please fill in the amount of benchmark test / examination fee paid.

#### **Course 2/3**

- ◆ If you intend to apply for reimbursement of fees for more than one reimbursable course, please provide the details under Course 2 and 3, as appropriate. If you intend to claim for reimbursement of fees for more than three courses within one application, please download an extra copy of the “CEF Application Form” [SFO 313 (2022)] from the CEF website (<https://www.wfsfaa.gov.hk/cef>).

## **Part C – Additional Information of Applicant**

- ◆ Please input additional information within the box provided.

## **Part D – Declaration**

1. Signature of Applicant
  - ◆ Please read the declaration carefully before you sign.
2. Date
  - ◆ Please fill in the date you sign this form.

✧ Should there be any discrepancy between the English and Chinese versions of this Note, the English version shall prevail.

(如欲索取中文版本，請與持續進修基金辦事處聯絡。)