

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

Name of CEF Course Provider: The Chinese University of Hong Kong (Yale-China Chinese Language Centre)

CEF Course Title: Foundation Certificate Programme in Integrated Chinese Communication for Workplace

CEF Course Code: 38C123632

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.

Note: signing this form does not assumed that you are eligible for the Continuing Education Fund application. For more information about the Fund, please visit the official website at <https://www.wfsfaa.gov.hk/cef/en/index.htm> .

Signature: _____

Name of Course Participant: _____

Hong Kong Identify Card Number: _____

Date: _____

* To be signed by every CEF course participant **upon** course enrolment and kept by the Course Provider.