## Hong Kong Council for Accreditation of Academic and Vocational Qualifications (HKCAAVQ)

## **Operator and User Data Form for the Qualifications Register**

資歷名冊 - 營辦者及用戶數據表

\* Please email or fax the completed form to the QF and QR, HKCAAVQ (Email address: <a href="mailto:QRAdmin@hkcaavq.edu.hk">QRAdmin@hkcaavq.edu.hk</a> / Fax: 2845-5951). For any enquiry, please call 3658-0001.

填妥此表格後,請電郵或傳真至香港學術及職業資歷評審局資歷架構及資歷名冊組 (電郵地址: QRAdmin@hkcaavq.edu.hk / 傳真: 2845-5951)。如有查詢,請致電 3658-0001。

Part A Operator Inforn	natio	on <sup>½</sup>	<b></b>	褚	資	卧																									
(Please <u>tick</u> as appropriate and <u>入</u> 有關資料)	d use	blad	<u>ck</u> ir	nk ar	nd <u>r</u>	orini	t the	e int	form	atio	n in	th	e sp	асе	e pr	ovic	led	請	在注	適宜	位	置 <u>加</u>	<u>7.L</u> •	/ 號/	及在	空	格内	以 <u>#</u>	黑色	字	豐 <u>輸</u>
Full Name of Operator in English: 營辦者英文全名 (130 Characters/文字)																													- - - -		
Full Name of Operator in Chinese: 營辦者中文全名: (65 Characters/文字)		1																						l							
Short Name: 英文簡稱: (20 Characters/文字)										C	Non-profit Making Organisation: 非牟利機構:																				
Language Control Flag: <sup>1</sup> 語言: <sup>1</sup>									Traditional Chinese: Yes □ No □ 繁體中文:																						
Validity Start Date: 有效期開始日: (yyyy/mm/dd)									有	Validity End Date: 有效期終止日: (yyyy/mm/dd)																					
Country: 國家: (3 Characters/文字)										查	Enquiry Phone No.: 查詢電話: (40 Characters/文字)																				
Enquiry Email: 查詢電郵: (60 Characters/文字)										傅	Enquiry Fax No.: 傳真號碼: (20 Characters/文字)																				
Postal Address (English): 郵遞地址 (英文): (250 Characters/文字)																															
Postal Address (Chinese): 郵遞地址 (中文): (80 Characters/文字: Billing Address <sup>2</sup> (400 Characters): 帳戶地址 <sup>2</sup> (128 文字):									1			1										1		1	1		1				
Billing Email: 帳戶電郵: (60 Characters/文字)											終 <i>(4</i>	Website: 網址: (40 Characters/文字)																			

2: For billing address of operator, please fill in the name, job title, organisation name and postal address of the contact person. 郵遞帳單予營辦者時所用的聯絡地址。請填寫聯絡人之姓名、職位、機構名稱及郵遞地址。

<sup>1:</sup> Please indicate the language your organisation will use in supply of data for each QR record: English = English-based, Chinese optional; Chinese = Chinese based, English optional; Both = Bilingual for all data of each QR record; Either = Either English or Chinese for all data of each QR record. 請選擇用以提供所有資料給資歷名冊之語言: English = 能提供所有欄目的英文資料及部分中文資料; Chinese = 能提供所有欄目的中文資料及部分英文資料; Both = 提供所有資料之中英文版本; Either = 每一資歷部分欄目提供中文資料,其他部分提供英文資料。

## Part B Contact Information 聯絡人資料 Primary Contact in English: 基本聯絡人英文全名: (40 Characters/文字) Primary Contact in Chinese: 基本聯絡人中文全名: (10 Characters/文字) Title of Primary Contact in Title of Primary Contact in English: Chinese: 基本聯絡人職位(中文): 基本聯絡人職位(英文): (80 Characters/文字) (40 Characters/文字) Primary Contact Phone No.: Primary Contact Fax No.: 基本聯絡人傳真號碼 基本聯絡人電話: (20 Characters/文字) (20 Characters/文字) Primary Contact Email: 基本聯絡人電郵: (60 Characters/文字) Secondary Contact in English: 第二聯絡人英文全名: (40 Characters/文字) Secondary Contact in Chinese: 第二聯絡人中文全名: (10 Characters/文字) Title of Secondary Contact in Title of Secondary English: Contact in Chinese: 第二聯絡人職位(英文): 第二聯絡人職位(中文): (80 Characters/文字) (40 Characters/文字) Secondary Contact Phone No.: Secondary Contact Fax No.: 第二聯絡人電話: (20 Characters/文字) 第二聯絡人傳真號碼: (20 Characters/文字) Secondary Contact Email: 第二聯絡人電郵: (60 Characters/文字) Part C Enrolled User(s) Information (For login access of the QR system) 登記用戶資料 (登入資歷名冊系統) (User 用戶 1) Full Name in English: 英文全名: (40 Characters/文字) Full Name in Chinese: 中文全名: (20 Characters/文字) Email Address: **Business Title:** 職位: 雷郵: (80 Characters/文字) (60 Characters/文字) Phone No.: Fax No.: 傳真號碼: 電話: (20 Characters/文字) (20 Characters/文字) Postal Address: (250 Characters) 郵遞地址: (80 中文字)

(User 用戶 2 – Optional 可選擇填寫) Full Name in English: 英文全名: (40 Characters/文字) Full Name in Chinese: 中文全名: (20 Characters/文字)																							
Business Title: 職位: (80 Characters/文字) Phone No.:	Email Address: 電郵: (60 Characters/文字) ————————————————————————————————————													_							_		
電話: (20 Characters/文字)  Postal Address: (250 Characters)  郵遞地址: (80 中文字)													_							_			
Submitted by:  Business Title:																	_						
遞交者名稱:  (Name of Authorized Head of the Operator/AAA  营辦者/受委評估機構授權主管)  職位:  (Name of Authorized Head of the Operator/AAA																							
Signature: 簽署:											Contact Phone No.: 電話號碼:												
Operator/AAA's Chop: 營辦者/受委評估機構印鑑:	Date: 日期:																						
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Checked by: Updated by: Date of Amendment made:												\	/erifie	ed by	/:								

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20 January 2014