# Part III - Technical Proposal

Please specify the number of Course(s) to be delivered:

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| --- | --- | --- |
|  | Section | Number of Course(s) |
| NEW Course(s) | A |  |
| RERUN Course(s) | B |  |
| TOTAL |  |  |

For each NEW Course, please submit individual Section A (Parts a and b).

For each RERUN Course, please submit individual Section B. Section C “Experience of the Course Provider” can be omitted if the Course Provider has provided recognised CEA Course(s) in previous years.

The Proposal shall be considered to be invalid if Section D “Confirmation” is incomplete.

**Section A. NEW Course to be delivered**

Please provide details of the NEW Course to be delivered according to the Conditions in Part II and use additional sheet(s) if necessary.

For each NEW Course, please submit individual Section A.

*This Section can be omitted if no NEW Course is included in the submission.*

**Part a. Course details**

1. **Course title**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Course objectives** (Refer to clause 3.1)

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1. **Course conten**t (Refer to clause 3.2)

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(b)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(c)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(d)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Functional area & Unit(s) of Competency (UoC)** (Refer to Annex A; Only ONE functional area should be selected.)

Functional area:

□ Arboriculture & Horticulture (A&H) project administration and management

□ Occupational safety and health for A&H

□ Plant selection, cultivation and propagation

□ Planting, caring and management of plants

□ Diagnosis and treatment of pests and diseases

□ Survey, inspection and risk assessment

UoC(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Target participants under Registration Scheme for Tree Management Personnel** (Refer to Annex A with the reference to the above functional area; More than ONE personnel type can be selected.)

□ Registered Arborist

□ Registered Tree Risk Assessor

□ Registered Tree Work Supervisor

□ Registered Tree Climber

□ Registered Chainsaw Operator

1. **Course structure and duration** (Refer to clause 3.3)

Delivery mode:

□ Face-to-face classroom

□ Online

Teaching sessions:

□ Lecture ( \_\_\_\_ hours)

□ Demonstration ( \_\_\_\_ hours)

□ Practical ( \_\_\_\_ hours)

Total contact hours: \_\_\_\_\_\_ hours

(Including teaching sessions, written assessment and questionnaire survey)

*[Remarks: The minimum contact hour is 3 hours, as stipulated in clause 3.3.]*

1. **Course venues**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Medium of instruction and teaching materials**

Medium of instruction:

□ English/English supplemented by Cantonese for technical terms and industry jargons

□ Cantonese/Cantonese supplemented by English for technical terms and industry jargons

Medium of teaching materials:

□ English

□ Traditional Chinese

*[Remarks: For the Course(s) designed for Registered Arborists and Tree Risk Assessors, all teaching and assessment materials shall be in English. For the Course(s) designed for Registered Tree Work Supervisors, Tree Climbers and Chainsaw Operators, the teaching and assessment materials can be in Traditional Chinese or English, as stipulated in clause 4.2.]*

1. **Minimum number of participants per class**

Minimum number of participants per class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Class schedule** (Refer to clause 7)

□ Weekdays / □ Saturday / □ Sunday / □ Public Holiday (Except Sunday)

*[Remarks: The Course shall be delivered outside normal working hours; or during Saturday / public holidays, as stipulated in clause 7.3.]*

1. **Attendance, Re-assessment and Certification of Completion** (Refer to clause 8)

Attendance policy (e.g. regulation on late arrival):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Re-assessment policy:

1. When to be arranged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Maximum No. of re-assessment allowed for each participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Re-assessment fee: □ Yes ( HKD\_\_\_\_\_) / □ No
4. Setting of re-assessment paper, to ensure fairness:

□ Different questions from the 1st assessment

□ Other revision from the 1st assessment paper

(Please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Mode of issuing Certification of Completion:

1. Collection in person
2. By post
3. By E-mail
4. Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Remarks: The Course Provider shall issue a bilingual Certification of Completion to each course participant who has 100% attendance and passed the written assessment in scanned / hard copy within 28 calendar days upon completion of each Course. Please refer to clause 8.3 for the information required to be included in the certificate.]*

**Part b. Academic Attainment, Qualifications and Relevant Professional Experience**

Please provide details of the academic attainment, qualifications and relevant professional experience of the Course Director and Service Team Member(s) according to the Conditions in Part II and use additional sheet(s) if necessary. Documentary proof should also be submitted.

|  |  |  |  |
| --- | --- | --- | --- |
| Names of the Course Director and Service Team Member(s) | Position/ Organisation | Roles in the Course  *\*Please specify the course part responsible by each Service Team Provider* | Academic attainment, qualifications and relevant professional experience # |
| Course Director  (Refer to clause 10.2) |  |  |  |
| Service Team Member(s)  (Refer to clause 10.4)  *\*Additional rows should be added if there are more than ONE Service Team Member.* |  |  |  |

**Section B. RERUN of the previously recognised CEA Courses**

For each RERUN Course, please submit individual Section B.

*This Section can be omitted if no RERUN Course is included in the submission.*

**Course Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Course Code Assigned by TMO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Recognition Period:**

□ 1.4.2021 – 31.3.2022

□ 1.4.2022 – 31.3.2023

□ 1.4.2023 – 31.3.2024

* Please confirm if all course content & arrangement will remain unchanged as the above previously recognised CEA Course (including but not limited to the Course Director, Service Team Member(s) and trainer(s)), and ensure the relevant professional qualifications of the accepted Service Team Member(s) remain valid at the time of proposal submission (Refer to clause 10.4(a)(ii)).

If not, please specify and/or provide proof of updated professional qualifications#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# For any update in the Course Director and Service Team Member(s), please complete Part b. of Section A, with documentary proof.

**Section C. Experience of the Course Provider**

Please provide details of the Course Provider in conducting vocational development courses or academic / training courses in the A&H industry in the past 5 years according to the Conditions in Part II and use additional sheet(s) if necessary.

*This Section can be omitted if the Course Provider has provided recognised CEA Course(s) in previous years.*

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Title of the Course | Target  Participant | Contact  Hour |
| e.g. 2019/20 school year | e.g. Course in Tree Risk Assessment | e.g. Registered Tree Risk Assessors | e.g. six hours |
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**Section D. Confirmation**

We confirm that measures will be taken to eliminate possible scope for cross-subsidisation from University Grants Committee funds and other government-funded courses/ projects by taking separate accounting arrangements for conducting the Course.

(# Please delete as appropriate)

|  |  |
| --- | --- |
| Signed by the Course Provider/ an authorised signatory for and on behalf of the Course Provider/ a partner of the Course Provider authorised to bind all other partners of the Course Provider# |  |
| Name and title of person authorised to sign Proposal for and on behalf of the Course Provider/ name of the partner of the Course Provider authorised to bind all other partners of the Course Provider#: |  |
| Name of the Course Provider in English: |  |
| Name of the Course Provider in Chinese: |  |
| Telephone Number: |  |
| E-mail Address: |  |
| Company Chop: |  |
| Name of Contact Person: |  |
| Telephone Number: |  |
| Fax Number: |  |
| E-mail Address: |  |
| Date: |  |