



ADULT AWARDS APPLICATION FORM

Complete the form in BLACK ink, using CAPITAL letters. This form will be scanned and interpreted electronically.

Care taken when completing this form will significantly improve the accuracy of your stored information. PLEASE READ THE NOTES ON PAGE 2.

Write clearly with each number or letter entirely within the box provided. e.g.

A L A N

Mark choices clearly with a 'blob' e.g. [filled box]

Surname:

[Grid for Surname]

Previous CVQO Ref No: (if known)

V Q

Forename(s):

[Grid for Forename(s)]

Gender:

Female Male

Rank: (e.g. Sgt Instr, Flt Lt)

[Grid for Rank]

Post Nominals: (e.g. BBS, MBB)

[Grid for Post Nominals]

Title: (Mr/Mrs/Miss/Ms)

[Grid for Title]

Date of Birth: (e.g. 4 Jul 1988 = 04/07/88)

[Grid for Date of Birth]

House/Flat Number/Name: (e.g. Flat A, 2/F, Sky Court)

[Grid for House/Flat Number/Name]

Postcode: (blank if living in HK)

[Grid for Postcode]

Write Full Address:

[Text area for Full Address]

Where have you been normally resident for the past 3 years?

Hong Kong Other country (specify)

E-mail address:

[Grid for E-mail address]

Daytime Phone Number: Home Work

[Grid for Daytime Phone Number]

Mobile Phone Number:

[Grid for Mobile Phone Number]

Ethnicity:

Please complete using the codes in the notes on page 2: [Grid]

Learning Difficulties and/or Disabilities:

Do you consider that you have a learning difficulty, disability or health problem? Yes No

If "Yes" complete the entries below using the codes in the notes on page 2

Disability: Learning Difficulty: [Grid]

Unit Title: (e.g. AT Sqn, No 123 Sqn, SAF)

Service: HKACC HKG Disciplined or Auxiliary Forces Please specify your Rank and Organisation you belong to:

Enrolment applied for: (mark all new applications)

Licentiateship ILM Level 3 Graduateship Membership

Are you in full time education or training? Yes No

Are you in full time employment? Yes No

Qualifications Held: (mark the most advanced level passed only)

- Postgraduate (HKQF Level 6 or above)
Bachelor's Degree (HKQF Level 5)
Associate Degree/Higher Diploma (HKQF Level 4)
Form 7 or equivalent
Form 5 or equivalent
None of the above

CVQO Use Only:

Res: Unit ID Route

THIS FORM MUST BE SIGNED ON PAGE 2 BY THE APPLICANT

Data Protection: CVQO and HKACC collect information about learners for various administrative, academic and health & safety reasons. The UK Data Protection Act of 1998 and the HK Personal Data (Privacy) Ordinance require us to obtain your consent before we can do this, and since we cannot operate without processing information about you, we are unable to register you for any qualification unless you give us your consent to process your data. Therefore, by signing this Application Form you consent to CVQO and HKACC processing personal data contained in this form and any other data which we obtain from you or any other source whilst you are registered with CVQO.

The information you provide will be passed to the Unit to which you belong. If you are based outside the European Economic Area (the EEA), information about you may be transferred outside the EEA in accordance with the requirements of the Act. You also consent to the processing of such data for any purpose connected with your course or for any other legitimate and legal reason. SPECIFICALLY, you consent to CVQO processing information about your race or ethnic origin as part of our Equal Opportunities Monitoring and about your physical or mental health or any medical condition you may have as part of our responsibilities for the provision of additional support and for managing our duties and obligations under the Disability Discrimination Act. At no time will your personal information be passed to organisations for marketing or sales purposes.

The information you provide will be passed to the Learning and Skills Council (the LSC). The LSC is responsible for funding, planning and encouraging education and training for young people and adults in England, and is registered under the Data Protection Act 1998. The information you provide will be shared with other organisations for the purpose of administration, careers and other guidance, and statistical and research purposes. Other organisations with which we will share information include, the Department for Children, Schools and Families, the Department for Innovation, Universities and Skills, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the LSC or its partners. The LSC is also a co-financing organisation and uses European Social Funds from the European Union to directly or indirectly part-finance learning activities, helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources. Further information about partner organisations and what they do, may be found at www.lsc.gov.uk/providers/Data/help/ and by following the links to data protection.

The Applicant MUST sign below before this form is submitted (together with a VQF502 showing your achievements) to HKACC/CVQO

The requirements for the qualification enrolment(s) applied for have been explained to me and I accept the conditions and responsibilities associated with working towards those qualification(s).

Applicant's Signature:

Date:

NOTES FOR COMPLETION

Ethnicity: Use the codes below to complete the "Ethnicity" entry on Page 1.

Asian or Asian British:	<input type="text" value="1"/> <input type="text" value="8"/> Chinese	Mixed:	<input type="text" value="2"/> <input type="text" value="3"/> British
<input type="text" value="1"/> <input type="text" value="1"/> Bangladeshi	Black or Black British:	<input type="text" value="1"/> <input type="text" value="9"/> White & Asian	<input type="text" value="2"/> <input type="text" value="4"/> Irish
<input type="text" value="1"/> <input type="text" value="2"/> Indian	<input type="text" value="1"/> <input type="text" value="5"/> African	<input type="text" value="2"/> <input type="text" value="0"/> White & Black African	<input type="text" value="2"/> <input type="text" value="5"/> any other White background
<input type="text" value="1"/> <input type="text" value="3"/> Pakistani	<input type="text" value="1"/> <input type="text" value="6"/> Caribbean	<input type="text" value="2"/> <input type="text" value="1"/> White & Black Caribbean	
<input type="text" value="1"/> <input type="text" value="4"/> any other Asian background	<input type="text" value="1"/> <input type="text" value="7"/> any other Black background	<input type="text" value="2"/> <input type="text" value="2"/> any other Mixed background	

If your ethnic origin is not listed enter code If you do not wish to give information about your ethnicity enter code

Disability: Use the codes below to complete the "Disability" entry on Page 1

<input type="text" value="2"/> <input type="text" value="1"/> Visual impairment	<input type="text" value="0"/> <input type="text" value="5"/> Other medical condition (e.g. epilepsy, asthma)	<input type="text" value="0"/> <input type="text" value="9"/> Profound complex disabilities
<input type="text" value="2"/> <input type="text" value="2"/> Hearing impairment	<input type="text" value="0"/> <input type="text" value="6"/> Emotional/behavioural difficulties	<input type="text" value="1"/> <input type="text" value="2"/> Aspergers syndrome
<input type="text" value="0"/> <input type="text" value="3"/> Disability affecting mobility	<input type="text" value="0"/> <input type="text" value="7"/> Mental health difficulty	<input type="text" value="9"/> <input type="text" value="0"/> Multiple disabilities
<input type="text" value="0"/> <input type="text" value="4"/> Other physical disability	<input type="text" value="0"/> <input type="text" value="8"/> Temporary disability after accident or illness (e.g. post-viral)	<input type="text" value="9"/> <input type="text" value="7"/> Other

If you do not think that you have a Disability use code Otherwise the code should be used which identifies your main Disability.

If you have more than one Disability of equal severity use code

Learning Difficulty: Use the codes below to complete the "Learning Difficulty" entry on Page 1.

<input type="text" value="2"/> <input type="text" value="8"/> Moderate learning difficulty	<input type="text" value="1"/> <input type="text" value="1"/> Dyscalculia	<input type="text" value="9"/> <input type="text" value="0"/> Multiple learning difficulties
<input type="text" value="2"/> <input type="text" value="9"/> Severe learning difficulty	<input type="text" value="1"/> <input type="text" value="9"/> Other specific learning difficulty	<input type="text" value="9"/> <input type="text" value="7"/> Other
<input type="text" value="1"/> <input type="text" value="0"/> Dyslexia	<input type="text" value="2"/> <input type="text" value="0"/> Autism spectrum disorder	

If you do not think that you have a Learning Difficulty use code Otherwise the code should be used which identifies your main Learning Difficulty.

If you have more than one Learning Difficulty of equal severity use code

PROTECT (PERSONAL) WHEN COMPLETED

Candidate Name:	Unit:
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Qualification	Fee	Please indicate choice
ILM Award in First Line Management – Level 3	£230	
City & Guilds Licentiateship – Level 4 (*)	£230	
City & Guilds Graduateship – Level 6 (**)	£360	
City & Guilds Membership – Level 7 (**)	£600	
Total fee payable		

() Please complete only if registering for Graduateship or Membership**

Do you hold a commission? YES NO

If yes please state

If no do you hold the rank of
 WO
 WO with a Wing or Corps role

Have you completed a minimum of 10 years Adult Cadet Service? This includes broken and Civilian Instructor service. YES NO

Please indicate which eligible courses you have attended (if applicable):

Officer Cadet Training Course

Officer Trainee Training Course

Officers Command Course

If yes, when did you attend the above course?.....

Which Award Route are you registering for?

Reflective
 Open to those who have attended any of the above eligible courses

Portfolio
 Open to those who hold a level 4 qualification. Please enclose a copy of your certificate with this application

Thesis
 Open to those who have not attended the specified courses, do not have a level 4 qualification, but have answered "yes" to the other questions above or are completing the Membership award

(*) Please complete only if registering for Licentiateship

Have you completed a minimum of 5 years Adult Cadet Service? This includes broken and Civilian Instructor service. YES NO

Please indicate which eligible courses you have attended (if applicable):

Officer Cadet Training Course

Officer Trainee Training Course

Recruit Instructor Training Course

If yes, when did you attend the above course?.....

"I certify that the details which I have given are correct and that I understand that any default on payment will render the application void and the qualification will cease."

Applicant's Signature:.....

Date:.....

"I confirm that the applicant fulfils the awarding criteria and is eligible to register for their chosen qualification(s)"

CO's Signature:.....

CO's Name:.....

CO's Appointment:.....

Date:.....

Please ensure that this form is returned to CVQO together with VQF501 (Adult Award Application Form) Pages 1 and 2

