

**The Government of the Hong Kong Special Administrative Region
Works Branch of Development Bureau
Greening, Landscape and Tree Management Section**

**Urban Forestry Support Fund - Study Sponsorship Scheme
Recognised Programme Application Form**

Important Notes

- (1) Please read “Notes to Programme Providers” carefully before completing this application form. All definitions set out in the “Notes to Programme Providers” (UFSFNP06 (6/2025)) with respect to the application for the Study Sponsorship Scheme (“Scheme”) shall apply to this application form.
- (2) This application form is used for submitting an application for enlisting as recognised programmes under the Scheme by Programme Providers. The programmes to be listed should have already been duly recognised under the Qualifications Framework (“QF”).
- (3) This application form should be completed in accordance with the specified instructions as set out in the application form and “Notes to Programme Providers”. Incomplete information may cause delay or termination in processing the application.
- (4) The duly completed Recognised Programme Application Form must be electronically submitted to the Greening, Landscape and Tree Management Section (“GLTMS”) via email at ufsf@devb.gov.hk

For Office Use Only

Part A : Receipt Acknowledgement

| | | |
|----------------------------------------|---|--|
| Name of Programme Provider | : | |
| Title of Programme seeking recognition | : | |
| Application Reference No. | : | |
| Received Date | : | |

Part B : Result Notification

| | | |
|---------------------------------------------------|---|------------------------------------------------------------------------|
| Approval Result | : | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved |
| Accredited Code (<i>if applicable</i>) | : | |
| Reason(s) of Disapproval (<i>if applicable</i>) | : | |
| | | |
| Notification Date | : | |
| Stamp by the GLTMS | : | |

*Please complete all items in block letters with a blue or black ball pen.
Please put “✓” in the appropriate box(es).*

Part I - Information of Programme Provider

1. Name of Programme Provider : _____
2. Responsible Person's Name : _____
3. Position : _____
4. Address : _____
5. Telephone : _____
6. Email : _____
7. Website : _____

Part II - Information of Programme Director (in responsible for programme quality)

1. Name of Programme Director : _____
2. Position : _____
3. Office Address : _____
4. Telephone : _____
5. Email : _____

Part III - Programme Details

1. Title of Programme registered with Qualifications Register (“QR”) :

2. Qualifications Framework Level : _____
3. QR Registration No : _____
4. QR Registration Validity Period : _____
5. Title of Programme seeking enlistment (*if different from above*) :

6. Is the Programme in collaboration with other parties? ☐ Yes ☐ No
If yes, please specify the organisation's name : _____
7. Duration of Programme : ☐ _____ months ☐ 1 Year ☐ 2 Years ☐ 3 Years ☐ 4 Years
8. Commencement Date : _____ / _____ / _____ (dd/mm/yyyy)
9. Completion Date : _____ / _____ / _____ (dd/mm/yyyy)
10. Mode of Delivery : ☐ Full-time ☐ Part-time
11. Tuition Fee : HK\$ _____
(for the entire Programme)

12. Is this Programme offered by the Employees Retraining Board or included in other publicly funded financial assistance scheme (e.g. Study Subsidy Scheme for Designated Professionals/Sectors and Vplus Engineering)?

☐ Yes ☐ No

If yes, please specify the scheme(s) : _____

13. Expected/Planned number of students to be admitted :

14. Actual number of intakes in the past 3 courses :

| <u>Commencement Date</u> | <u>Actual number of intake</u> |
|---------------------------------------|--------------------------------|
| 1) _____ / _____ / _____ (dd/mm/yyyy) | |
| 2) _____ / _____ / _____ (dd/mm/yyyy) | |
| 3) _____ / _____ / _____ (dd/mm/yyyy) | |

15. Areas of Study or Training :

☐ Arboriculture and Tree Management ☐ Tree Work (e.g. chainsaw operation and tree climbing)

16. Module Contents and Respective Contact Hours :

| <u>Module</u> | <u>Contact Hour</u> |
|---------------|---------------------|
| | hour(s) |
| | hour(s) |
| | hour(s) |
| | hour(s) |
| | hour(s) |
| | hour(s) |
| | hour(s) |

17. Medium of Assessment :

☐ Chinese ☐ English ☐ Both

18. Assessment Items and Weightings :

| <u>Item</u> | <u>Weighting</u> |
|---------------------------------------------------------|------------------|
| <input type="checkbox"/> Attendance | % |
| <input type="checkbox"/> Practical | % |
| <input type="checkbox"/> Test | % |
| <input type="checkbox"/> Examination | % |
| <input type="checkbox"/> Others, please specify : _____ | % |

Part IV - Personal Information Collection Statement

The personal data collected in this application form will be used by the Greening, Landscape and Tree Management Section (“GLTMS”) and its agents/contractors for one or more of the following purposes related to the activities of the GLTMS :

- (i) assessing your application for the Scheme;
- (ii) administering the Scheme;
- (iii) reviewing and assessing the effectiveness of the Scheme;
- (iv) disclosure to any authorities in relation to investigation or prosecution of offences that arise from the present application; and
- (v) any other purposes as may be required, authorised or permitted by law.

The GLTMS will not transfer your personal data to any third parties without your prior consent. By signing this Statement, you are deemed to have given prior consent to any transfer of your personal data by the GLTMS to entities which are relevant to this application in the situations set out in (i) through (v) above.

It is obligatory for you to supply the GLTMS with your personal data. The GLTMS may be unable to process and/or consider your application if you do not provide complete information.

Except where there is exemption provided under the Personal Data (Privacy) Ordinance (Cap. 486), you have the right to request access to and correction of your personal data provided in this application form when the data have not been erased. If you wish to do so, please write to Senior Executive Assistant (Greening, Landscape and Tree Management) at the Development Bureau, 16/ F, West Wing, Central Government Offices, 2 Tim Mei Avenue, Tamar, Hong Kong.

Part V - Statement by Programme Provider

In consideration of the Government of the Hong Kong Special Administrative Region (“Government”) as represented by the Development Bureau (“DEVB”), considering and/or approving this application for enlisting as recognised programme under the Scheme, I, on behalf of the Programme Provider, with particulars set out in Parts I, II and III of this application form, hereby acknowledge, confirm, undertake, warrant, declare and agree with continuing effect as follows:

- (i) all the above information given by me is complete, true and correct to the best of my knowledge;
- (ii) I have read and fully understood the contents of the “Notes to Programme Providers” attached and this application form. I accept and agree to abide by the rules and terms related to the recognised programme under the Scheme;
- (iii) I agree that DEVB may approach me directly for further information regarding this application. I will fully cooperate with DEVB to provide all required information;
- (iv) I understand that any omission / misrepresentation of information with a view to obtaining pecuniary advantage by deception is a criminal offence and I will be liable to criminal prosecution if I knowingly or willfully furnish false or misleading information in connection with this application;
- (v) I have read and understood the contents of the above Personal Information Collection Statement in Part IV;
- (vi) I understand and agree that DEVB may use my personal data for the purpose of processing the application or where such disclosure is authorised and required by law;
- (vii) I understand that DEVB will rely on the information provided by me in this application form to determine Programme Provider’s eligibility for enlisting recognised programme and DEVB has the right to review my application if necessary;
- (viii) I will fully cooperate with DEVB to provide all relevant required information and to permit any of them or any officer authorised by any of them to conduct an inspection of the relevant programmes for processing the application, or otherwise for the purposes of the administration of the Scheme, and to facilitate the inspections with or without prior notice.

Name in Block Letters : _____ Post Title : _____

Tel. No. : _____ Date : _____