



保險中介人持續專業培訓計劃

The Continuing Professional Development Program for Insurance Intermediaries

培訓活動評核申請表格 Assessment Application Form (新申請/增加內容) (New / Additional Content)

參考編號: _____ (僅供澳門金融學會內部使用)
Ref no. (For IFS use only)

A 部份: 主辦機構詳情

Part A. Organizer

舉辦機構名稱:

Name of Activity Organizer

主辦機構地址:

Address of Activity Organizer

活動負責人姓名:

Person in Charge

電話:

Tel

電郵:

Email Address

活動聯絡人姓名:

Authorized Contact Person

電話:

Tel

電郵:

Email Address

主辦機構是否具有舉辦持續專業培訓活動的經驗?

Does the organizer have experience in providing CPD activities?

否

No

是, 舉辦持續專業培訓活動的經驗: _____ 年

Yes, the organizer has been providing CPD activities for _____ years.



B 部份：培訓活動詳情

Part B. Activity Information

所申請培訓活動類別：	<input type="checkbox"/> 課程	<input type="checkbox"/> 講座	<input type="checkbox"/> 工作坊	<input type="checkbox"/> 其它
Activity Type	Course	Seminar	Workshop	Others
培訓活動名稱(中文)：	_____			
Name of the Activity (Chinese)				
培訓活動名稱(英文)：	_____			
Name of the Activity (English)				
培訓活動地址：	_____			
Activity Venue				
<input type="checkbox"/> 現聲明本公司已為是次活動場地購買公眾責任保險				
The Organizer declares that the Activity Venue is covered with a valid third-party liability insurance insured by an eligible insurer.				
學員人數：_____ - _____ (人)	培訓時數：_____			
No. of participants: from ___ to ___(persons)	No. of hour(s)			
培訓對象：	<input type="checkbox"/> 內部培訓	<input type="checkbox"/> 委託機構員工	<input type="checkbox"/> 其他	Others
Target Participants:	In-house	Employees of commissioning body		
培訓活動簡介 Brief Introduction of the Activity：	_____			

培訓活動範疇：	<input type="checkbox"/> 投資	<input type="checkbox"/> 財務策劃	<input type="checkbox"/> 風險管理	<input type="checkbox"/> 保險經紀業務
Aspect of contents:	Investment	Financial Planning	Risk Management	Insurance Broking
	<input type="checkbox"/> 商務	<input type="checkbox"/> 理賠管理	<input type="checkbox"/> 市場學	<input type="checkbox"/> 法律與法學
	Commerce	Claims Management	Marketing	Law and legal studies
	<input type="checkbox"/> 公積金及退休計劃	<input type="checkbox"/> 其他*	_____	
	Provident Fund and Retirement Scheme	Others		
*按照澳門金融管理局第 010 / 2017 - AMCM 號通告-附件二之範疇填寫				
Specify according to NOTICE No. 010/2017-AMCM				
語言：	<input type="checkbox"/> 粵語	<input type="checkbox"/> 普通話	<input type="checkbox"/> 英文	
Language	Cantonese	Putonghua	English	
其他：	_____			



培訓活動由單元組成:

Combined by modules

	名稱(中文) Name of Modules (Chinese)	名稱(英文) Name of Modules (English)	時數 Hour
單元一 Module 1			
單元二 Module 2			
單元三 Module 3			
單元四 Module 4			
單元五 Module 5			

培訓活動是否設有考試? 否 是, 請提交試題樣本, 合格分數為 _____

Examination No Yes, exam paper attached for reference. Passing grade at _____.

費用: 免費 澳門幣 _____ 元

Fee Free MOP _____

培訓活動素質保證安排 Quality Assurance:

主辦機構是否核對參加者身份, 以及要求每節課簽到及簽出? 是 Yes 否 No

Are the participants required to show their identity and sign-in and sign-out for attendance record?

培訓活動期間, 是否有人觀課? 是 Yes 否 No

Is there a person monitoring the whole class when it is being held?

培訓活動完結後, 是否對培訓活動作問卷調查, 以收集學員意見 是 Yes 否 No

Is there a questionnaire for participants to comment on the activity?

基於學員或觀課收集的意見或建議, 是否作總結報告? 是 Yes 否 No

Is there a summary report for every activity afterwards?



C 部份：培訓活動導師/講者資料

Part C. Profile of Instructor

<p>導師(1)</p> <p>姓名： _____ Name</p> <p>最高學歷/頒授機構： _____ Academic qualification and Awarding Institution</p> <p>專業資格/頒授機構： _____ Professional qualification and Awarding Institution</p> <p>工作機構/職位： _____ Company/ Position</p> <p>工作經驗： _____ Description of Industry Experience</p> <p>_____</p> <p>培訓經驗： _____ Description of Training Experience</p> <p>_____</p>
<p>導師(2)</p> <p>姓名： _____ Name</p> <p>最高學歷/頒授機構： _____ Academic qualification and Awarding Institution</p> <p>專業資格/頒授機構： _____ Professional qualification and Awarding Institution</p> <p>工作機構/職位： _____ Company/ Position</p> <p>工作經驗： _____ Description of Industry Experience</p> <p>_____</p> <p>培訓經驗： _____ Description of Training Experience</p> <p>_____</p>



文件清單 Documents Checklist :

遞交申請表前，請檢查是否已準備好下列文件。若資料不全，將導致延遲審批，甚至影響評審結果。

Please check the following documents are completed and attached to this application form before submission. Fail to provide the following documents may delay the assessment process and affect the assessment outcome.

確認已備妥以下所需文件	
培訓活動內容及課程大綱 Contents and Outline of the Activity	<input type="checkbox"/>
活動場地平面圖 / 現場圖片 Floor plan of the Activity Venue or photos	<input type="checkbox"/>
導師 / 講者的履歷表及學歷證明，資料需包括其姓名、相片、最高學歷 / 專業資格及其頒授機構，以及有關工作或培訓經驗簡介。 Profiles of instructor(s) or presenters including their academic and professional qualifications, and training / industry experience. Please submit Academic Proof.	<input type="checkbox"/>
培訓活動評估問卷 (培訓結束後，以總計表形式提交至 IFS) A sample of End-of-Activity Participant Evaluation Form	<input type="checkbox"/>
試題樣本 (如適用) Sample of examination paper	<input type="checkbox"/>
出席證書 / 出席記錄樣本 Sample of certificate	<input type="checkbox"/>

機構負責人聲明：

本人將遵守「持續專業培訓計劃評核準則」的各項規定，並聲明本申請表內的一切資料屬實。本人同意澳門金融學會可直接與本人聯絡，就有關申請事宜作進一步查詢或補充資料。本人亦明白及接受不論評核結果為何，必須在評核前向“澳門金融學會”支付有關評核費，而所繳費用恕不退還。

I shall abide by the IFS Assessment Criteria, and declare that all the information provided in the assessment application form is accurate to the best of my knowledge. I understand and accept that the IFS may approach us directly for further information regarding the application. I also understand and accept that a non-refundable assessment fee is charged for the assessment work irrespective of the assessment outcome, and the fees should be made payable in advance to the 'Macau Institute of Financial Services'.

姓名： _____
Name

職位： _____
Title and Postition

簽署及公司蓋章： _____
Signature & Company chop

日期： _____
Date