

HKSWA Ref. No.: _____

Your Ref. No.: _____

Date of Application: _____

Form CA1: Course Accreditation- Application Form

1. Continuing Professional Development (CPD) Course applied			
Course Title:*			
Course Dates* (year/month/day):			
CPD Points Applied* *1 training hour =1 CPD point	CPD points		
Specialised CPD points Applied (Please tick as appropriate if the course caters training needs of the specialised field)	<input type="checkbox"/> Family and Children (including PPI) <input type="checkbox"/> School Social Work & Youth (including Primary & Secondary SSW) <input type="checkbox"/> Elderly <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Medical <input type="checkbox"/> Mental Health <input type="checkbox"/> Others (Please specify _____)		
2. Location of Course*			
Local (%)		Overseas (%)	
3. Course Format*			
Online (%)		Face to Face (%)	
4.Trainer(s) *			
5. Course Target Group *			
Social Workers (%)		Others (%)	
6. Course Organiser(s)			
Organiser(s)*			
Co-organiser(s)			

Has your course obtained any accreditation by other professional association(s)? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please list the full title of all other approving professional association(s).	

7. Any attendance record for the course? *
<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Any evaluation for the course?*
<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate all methods of evaluation
<input type="checkbox"/> Questionnaire <input type="checkbox"/> Reflection log <input type="checkbox"/> Others: <u>(Please specify)</u> _____

9. Relevancy of course content to social work * (Please state briefly how the course content is connected to social work practice)

10. Learning Outcomes Expected*	Relevancy to PCF * (Please input competency code(s) as stated in General PCF) *For applying Specialised CPD points, please click the appropriate boxes for aligning with Specific PCF <input type="checkbox"/> School Social Work <input type="checkbox"/> Family and Children Social Work <input type="checkbox"/> Mental Health Social Work
i.	
ii.	
iii.	

11. Mode of course delivery*

- ☐ Mini-lecture ☐ Experience/Case sharing ☐ Group discussion
☐ Simulation exercise ☐ Experiential activities ☐ Demonstration
☐ Others _____

12. Contact Information*

Salutation	Prof / Dr / Mr / Mrs / Ms / _____
Name of Contact Person	
Position	
Contact Number	
Email	

13. Please note that the accredited course will be posted on the “List of Accredited Course” on the Academy Web*

- ☐ Yes, noted

14. Supporting Documents Checklist *

<input type="checkbox"/>	i. Course pamphlet (if any)
<input type="checkbox"/>	ii. Course materials (With information on activity objectives, duration, content and schedule) *
<input type="checkbox"/>	iii. Trainer(s)' Bio
	- Credentials
	- Relevant work, training and research experience
	- Other relevant information (If any)
<input type="checkbox"/>	iv. Additional related documents (If any)