

Photo

A coloured

the QP Scholarships.

passport-sized

photo taken within the last six months,

which may be used

for the Institute's

future publicity of

## **Qualification Programme ("QP") Scholarships 2024 Nomination Form (for undergraduate)**

## **Notes**

- The completed form should be returned to the Department of Accountancy/ School of Business of the Institution the nominee is registered with.
- Please complete this form in full even this duplicates the information provided, as it helps the QP Scholarship Selection Panel have the nominees' basic information presented in standard format.
- Please submit the followings:

Completed Nomination Form in hard copy.	You can download this form at
http://www.hkicpa.org.hk/en/become-a-hkic	pa/scholarships-and-awards/;
Value CV/s	

Your CV;

Transcript of studies which includes the results up to the first semester of the current academic year, indicating the cumulative GPA;

A personal statement (up to 350 words) about your characteristics, career aspirations, personal development and the

reasons for applying the QP Scholarships.

Recommendation letter by the Head of the Department/ School;

- One coloured passport-sized photo taken within the last six months, which may be used for the Institute's future publicity of the QP Scholarships;
- Any other information which you consider relevant for the selection process.
- The information provided will be used solely for the Institute's processing nomination for the QP Scholarships and other related purposes.
   It may be disclosed to internal departments/ agencies authorized to process the information for the above purposes.

Name of the Institution:					
Programme enrolled:					
(A) Nominee's Personal Part (State Mr/ Miss/ Ms/ Mrs)	culars				
Name in English (Surname first)					
English Name, if any:	Name in Chines	e:			
Date of Birth:	Place of Birt	h:			
Telephone No. (Day time):	(Night time	<del>)</del> ):			
Email Address:					
HK Identity Card No. (if applicable	:				
PRC Identity No./ Passport No.	ty No./ Passport No. (if applicable):				
Address:					

## Personal Data (Privacy) Ordinance:

Your personal data collected from this application will be used for the purposes relating to the administration of the QP Scholarship nomination. In addition, Hong Kong Institute of Certified Public Accountants ("the Institute") may use the collected data for statistical research and analysis, and for keeping students informed of its services. The provision of personal data by means of this application is voluntary. However, insufficient information may result in rejection of an application. Such data collected may be accessible by the Institute's officers, persons or committees processing the registration, examination and related matters. The data may also be accessible by or transferred to any authorized personnel including (but not limited to) agents, contractors, consultants, or advisers performing any statutory or administrative functions on behalf of the Institute.

Unless otherwise agreed, hard copies of any documents containing your personal data that you provide to the Institute will become the property of the Institute and will not be returned to you. The Institute will destroy any documents it holds in accordance with its internal policy and applicable laws. Please refer to the Institute's privacy policy and personal information collection statement on its website at: http://www.hkicoa.org.hk/en/Tools/Privacy-policy

(For office use)	
(I OI OIIICE USE)	

	Academic Awards/ Prizes/ Scholarships Received during Studies at Tertiary Institution (up to January 2024, in reverse chronological order)						
Year							
Involveme	ent in Extra-curricular Activ	vities (in reverse chronologica	,				
<u>Year</u>	Nature of the Activity		•	orm of Involvement/ osition Held			
Involvem	ent in Community Services	s / Voluntary Work Expe	rience (in reverse ch	eronological order)			
Overseas Experience (e.g. exchange programme attended/ internship experience) (in reverse chronological order)							
Present & Past Employment Record (if applicable) (in reverse chronological order)  Name of Employer  Nature* Position Held Employment Periods  Employment Periods							
* Please indicate FT=Full time job PT=Part time job T=Temporary job I=Internship							
Declaration	on.						
	Declaration  I certify that the information given in this form is correct and complete to the best of my knowledge						
-	and belief. I attach sheets of supplementary information.						
	(Signature of the Nomine	ee)		(Date)			
Dagamma	Personmendation (Table completed but 11 at 12 by						
	<b>Recommendation</b> (To be completed by the Head of the Department/ School the nominee is studying)  I wish to nominate my above student for the QP Scholarships for the year 2024:						
Signature	of Head of the Department/	School	 Date	Dept./ Scho			
(Name in	Block:	)		Chop			