



Application Form for Accreditation as Recognized Training Organization (RTO)

Section A: Organization Details

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|--|--|--------------|--|--|
| Name of Organization | (English): | | | |
| | (中文): | | | |
| Company Address: | | | | |
| | | | | |
| Office Tel: | | Fax: | | |
| Quality Assurance | No / Yes (please mention, e.g. ISO9001:2015) | | | |
| | | | | |
| <u>Contact person</u> | | | | |
| Name of contact person: | | | | |
| Direct Tel: | | Mobile no.: | | |
| Email: | | | | |
| <u>Trainer details</u> If more than one trainer, please copy this form and submit as supplement | | | | |
| Title | Mr. / Ir / Dr. / Prof. (please delete as appropriate) | | | |
| Name of trainer: | | (中文名) | | |
| Mobile no. | | Nationality: | | |
| Language for training: | | | | |
| Department: | | Position: | | |
| Membership no.: | | | | |
| approved discipline: | | | | |
| | | | | |

*please provide personal CV for accreditation of other qualifications

Section B: Trainer – Academic qualifications

| Name of institute / universities | Year |
|----------------------------------|-------|
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Section C: Trainer - Professional qualifications

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國際管綫
專業學會

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Email : info@iius.org.hk

Website : www.iius.org.hk

Section D: Trainer Bio - Teaching Knowledge and Experience: (*Describe in not more than 200 words*)

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Section E: Declaration by company

I/We understand that if I/we will fully give any false information or withhold any material information in this application form, or fail to notify International Institute of Utility Specialists (IIUS) any subsequent change of information provided, it will render me/us liable to disqualification for recognition by IIUS, if already recognized by IIUS.

Authorization Signature: _____ Date of application: _____
(with company chop)

Section F: Application & Assessment Fee

Application Fee (one-off): USD1,000

Assessment Fee: 1% of Course Fee or USD1,000 per annual; whichever is the highest

REMARKS:
Please enclose personal curricular vitae and certificate for all trainers together with this form

IIUS Secretariat use only:

Years of lecture experience : _____

Result of this RTO accreditation: * PASS / FAIL

Signed and approved by: _____

Approved by (name): _____

* Delete as appropriate