

Engineering Graduate Training Scheme (EGTS)
Employer's Registration Form



Companies should submit the completed registration form together with the supporting documents stated in the Notes for Applicants to the EGTS Secretariat by email.

For enquiries, please contact:

EGTS Secretariat
Vocational Training Council
Address : 12/F., Billion Plaza II, 10 Cheung Yue Street,
Cheung Sha Wan, Kowloon, Hong Kong
Email : egts@vtc.edu.hk
Hotline : 3907 6878
Fax : 3748 9370

Notes for Applicants:

- I. Company should provide all the information required in this form, together with a copy of the company's valid Business Registration Certificate. The information collected will be used for processing employer's registration.
- II. Information provided by the company during the registration will be kept by the EGTS Secretariat in confidence and all personal data will be handled in accordance with the relevant provisions of the Personal Data (Privacy) Ordinance (Cap. 486). In this regard, the EGTS Secretariat shall have the right to disclose, without further reference to the company, whenever it considers appropriate, Discloseable Information* to other Government bureau/departments, statutory bodies or third parties for the purposes of processing registration, conducting research and survey, compiling statistics, meeting requirements of the law and/or performing their functions, and if the registration is approved, processing the subsidy claims, and checking duplicate applications under other local public funding schemes. In submitting the registration form, the company irrevocably and unconditionally authorises the EGTS Secretariat to make and consent to the EGTS Secretariat making any of the aforesaid disclosures. The EGTS Secretariat will not use the information provided by companies for direct marketing purpose.

In accordance with the Personal Data (Privacy) Ordinance, the trainee has the right:

- (a) to check whether VTC holds his / her personal data;
- (b) to request a copy of such data; and
- (c) to require VTC to correct any of the personal data which is inaccurate.

Sufficient information will need to be provided to establish identity, otherwise VTC shall refuse to comply with the request.

Note: * "Discloseable Information" means any information provided by the company during registration under the EGTS.

Part A: Particulars of the Company

1. Company Profile:

Name of Company:

Address:

Telephone No.:

Fax No.:

Email:

Contact Information:

Title (Mr/ Ms/ Miss/ Ir/ Dr)	Name	Job Title	Telephone No.	Email
Authorised Person/ Head of Office*				
Contact Person				

*The personnel involved in Scheme "A" Training / EGTS

2. Nature of business activities:

3. Sector of the company (please as appropriate):

Manufacturing Services Utilities

4. Description of previous experience in training, if any:

5. Organisation of company (use a separate sheet to indicate position of training section / staff):

6. Number of full-time employees:

	Number		Number
Professional Engineers (MHKIE / FHKIE)	<input type="text"/>	Craftsmen / Apprentice	<input type="text"/>
		Non-skilled Workers	<input type="text"/>
Technicians	<input type="text"/>	Others / Supporting Staff	<input type="text"/>

7. Proposed number of graduate trainees to be trained at any one time:

<u>Discipline</u>	<u>Number</u>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

8. Proposed starting salary for each graduate trainee:

Graduate trainee: HK\$ _____ per month

9. Proposed _____ engineering training programme:

(use a separate sheet for each training programme submitted)

Department / Section	Training Programme	Weeks
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total in weeks		<input type="text"/>

10. Training Staff

Those Supervising Training	Name	Academic & Professional Qualification	Remarks
Head of Office			
Engineering Supervisor*			
Training Tutors			
* If the engineering supervisor is not engaged in full-time employment in the company, please provide the name of his/her full-time employer and his/her position in the company.			

Part B: Declaration

We declare that the information provided on this registration form and the supporting document(s) enclosed are true and correct.

Company Chop

Signature: _____

Name (In Block Letters): _____

Position: _____

Date: _____