

CADET AND ADULT (HK)



PROTECT (PERSONAL) WHEN COMPLETED

ADULTS AWARDS APPLICATION FORM

Write clearly with each number or letter entirely within the box provided. e.g. $20RRA/NE$										F501 5)(HK ∨ Aug ge 1 o	<) g 13																
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	ILM L	_evel	2 Aw	ard in	Lead	lershi	p and	d Tean	n Skill	ls (Ca	adet)			Postgraduate (HKQF Level 6 or above)													
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	ILM L	.evel	4 Aw	ard in	Lead	lershi	p an	d Man	agem	ent (/	Adult)			Form 7 equivalent / HKDSE													
C&G Licentiateship in Leadership and Management							Form 5 or equi∨alent																				
C&G Affiliateship in Leadership and Management							☐ None of the abo∨e																				
C&G Graduateship in Leadership and Management																											
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THIS FORM MUST BE SIGNED ON PAGE 2 BY THE APPLICANT AND COUNTERSIGNED BY THE VQ OFFICER





VQF501
(OS)(HK)
Rev Aug 13
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Ethnicity: Choose one option that best describes your ethnic group or background White English / Welsh / Scottish / Northern Irish / British	Learning Difficulty: (choose) one) Do you consider that you have a learning difficulty? Moderate learning difficulty Severe learning difficulty Dyslexia	Education / Employment: Are you (choose in one): In full time education or training? Employed 16 hours per week or more? In part time employment? (under 16 hours)							
	 Dyscalculia Other specific learning difficulty Autism spectrum disorder Multiple learning difficulties Other No learning difficulty I do not wish to give this information 	None of the above Residence: (choose one) Where have you been normally resident for the past 3 years (disregarding any temporary stay in the UK for educational purporses e.g. boarding school)? UK, Channel Islands, Isle of Man or overseas British Forces bases Other country?							
Any Other Mixed / Multiple ethnic background Asian / Asian British Asian / Asian British Pakistani Pakistani Bangladeshi Chinese Any Other Asian background Black / African / Caribbean / Black British African Caribbean Any Other Black / African / Caribbean background Other ethnic groups Arab Any other ethnic group I do not wish to give this information	Disability: (choose ne) Do you consider that you have a disability or health problem? Visual impairment Hearing impairment Disability affecting mobility Other physical disability Other medical condition (For Example Epilepsy, Asthma, Diabetes) Emotional / behavioural difficulties Mental health difficulty Temporary disability after illness or accident (For Example Post-Viral) Profound complex disabilities Aspergers syndrome Multiple disabilities Other No disability I do not wish to give this information	(specify) Nationality: (choose one) Are you a British Citizen or national of any other EU country? a British Citizen? a national of any other EU country? (specify) a national of any other country? (specify) CVQO Use Only Res Nat Course Ref:							
Data Protection: CVQO and HK Uniformed Services collect information about learners for various administrative, academic and health & safety reasons. The UK Data Protection Act of 1998 and the HK Personal Data (Privacy) Ordinance require us to obtain your consent before we can do this, and since we cannot operate without processing information about you, we are unable to register you for any qualification unless you give us your consent to process your data. Therefore, by signing this Application Form you consent to CVQO and HK Uniformed Services processing personal data contained in this form and any other data which we obtain from you or any other source whilst you are registered with CVQO. The information you provide will be passed to the Unit to which you belong. If you are based outside the European Economic Area (the EEA), information about you may be transferred outside the EEA in accordance with the requirements of the Act. You also consent to the processing of such data for any purpose connected with your course or for any other legitimate and legal reason. SPECIFICALLY, you consent to CVQO processing information about your may be transferred outside the EEA in accordance with the requirements of the Act. You also consent to for Qual Opportunities Monitoring and about your physical or mental health or any medical condition you may have as beart of our responsibilities for the provision of additional support and for managing our duties and obligations under the Disability Discrimination Act. At no time will your personal information be passed to organisations for marketing or sales purposes. The Department for Children, Schools and Families, the Department for Innovation, Universities and Stills, Connexions, Higher Education Statistics Agency, Higher Education Funding Agency (EFA) or its partners. The EFA is also a confinencing organisation and uses European Social Funds from the European Linion to directly or indirectly part-finance learning activities, helping develop employment by promoting employabil									
Mark any of the following boxes if you do not wish to About courses or learning opportunities	be contacted: For surveys and research By post	By phone 🔄 By e-mail							
	IUST SIGN BELOW BEFORE THIS FORM IS SUB								
I certify that: - The information in this form is correct - I have read the notice above about how my information will be used - The requirements for the qualification/award which I am applying for have been explained to me and I accept the associated conditions and responsibilities									
Applicant's Signature:	Applicant's Signature: Date:								
9453 PROTECT (PERSONAL) WHEN COMPLETED									

PROTECT (PERSONAL) WHEN COMPLETED

City & Guilds – Learner Eligibility										
Award Level	Require Any Memb	ntry ements – Adult per who cally:	Suggested line ma (Subject matter exp eligible for GCGI/MCC strategic role in the procedural decision	Study Route						
Licentiateship in Leadership and Management		y to day Constable or equivalent (DSVS)			Portfolio [
Affiliateship in Leadership and Management	Have lin manage responsi	ment	Sergeant Instructor Sergeant or equivalent	Portfolio						
Graduateship in Leadership and Management	Senior manage responsi		Squadron / Unit Commander Squadron Warrant Officer Station Sergeant or equivalent (DSVS)		Work Related Project or Portfolio					
Membership in Leadership and Management	Strategio leadersh responsi	nip	Officer Commanding Wing / Major Unit Wing Warrant Officer Superintendent or equivalent (DSVS)		Work Relat or Portfolio	ted Project				
Additional Notes:										
"I confirm that the applicant fulfils the awarding criteria and is eligible for their chosen qualification(s)"										
Major Unit Command	ler Nam	ne:		Signature:	Date:					

Institute of Leadership & Management – Learner Eligibility									
Award Level	Entry Requirements Attend the following course(s):								
Level 2 Award in Leadership and Team Skills	Junior Non-Commission Officer Training Course Air Cadets Leadership Course (UK)	Evidence of Course attendance e.g. Course End Report, dates of							
Level 3 Award in Leadership and Management	Officer Cadet Training Course Officer Trainee Training Course Recruit Instructor Training Course	course attendance							
Level 4 Award in Leadership and Management	Squadron Commanders' Course								

 Full Payment by electronic transfer: Bank: Lloyds TSB Account: 02155075 Sort Code: 30-98-97 Ultimate Beneficiary / Account Name: CVQO Ltd. IBAN GB94 LOYD 3098 9702 1550 75 Reference: Please quote your surname
 Transfer receipt attached to forms

□ Full Payment by Credit/Debit Card or Paypal (Payment instructions will be sent to your email)

Qualifications	Fee
ILM Level 2 Award in Leadership and Team Skills	£230
ILM Level 3 Award in Leadership and Management	£240
□ ILM Level 4 Award in Leadership and Management	£280
C & G Level 4 Licentiateship in Leadership and Management	£240
C & G Level 5 Affiliateship in Leadership and Management	£300
C & G Level 6 Graduateship in Leadership and Management	£375
C & G Level 7 Membership in Leadership and Management	£620
Total fee payable	

"I certify the details which I have given are correct and that I understand that any default on payment will render the application void and the qualification will cease" Applicant's Name: Applicant's Signature: Date: