



Maritime and Aviation Training Fund Train-the-Trainers Support Scheme Survey (for the Nominating Company)

This form is to be completed by an authorised person of the nominating company and submitted to the Secretariat **within one month** after completion of the Training Programme under paragraph 14(c) of the Guidance Notes for Application.

(I) Particulars of Traineeship

Name of the nominating company : _____

Name of the Applicant (“the Trainer”): _____

Position of the Trainer: _____

Contact number of the Trainer: _____

Email of the Trainer: _____

(II) Survey Questions (please ‘√’ as appropriate)

1. Does your company agree that the Train-the-Trainers Support Scheme (the “Scheme”) has contributed to the company's improved competitiveness and professionalism?

Completely agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Completely disagree
<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

2. Does your company consider that the process runs smoothly when participating in the Scheme?

Very smooth	Smooth	Somewhat smooth	Somewhat not smooth	Not smooth	Not very smooth
<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

3. [If you answered 1 or 2 or 3 in question 2] What kind of difficulties did your company encounter when applying for the Scheme? (can choose more than one item)

- The related information of the Scheme cannot be easily found
- The application or vetting procedures are complicated
- It takes a long time to wait for the application result
- The application requirements are difficult to be fulfilled
- There are too few courses for selection

4. Does your company consider the promotions of the Maritime and Aviation Training Fund (the “MATF”) are sufficient?

Very sufficient	Sufficient	Somewhat sufficient	Somewhat insufficient	Insufficient	Completely insufficient
<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

5. Does your company consider the training/courses of under the Professional Training and Examination Refund Scheme of the MATF are sufficient?

Very sufficient	Sufficient	Somewhat sufficient	Somewhat insufficient	Insufficient	Completely insufficient
<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

6. Does your company have any suggestions on improving the MATF, specifically for the Scheme? *(can choose more than one item)*

- Strengthen the promotion of the Scheme
- Increase subsidy amount
- Others, please describe briefly: _____
- No comment

7. The company’s suggestion of the next maritime-related topic to be covered by the Scheme is _____.

(III) Signature, Declaration and Consent

I, the undersigned, is the authorised person ^{Note 1} of the nominating company, hereby confirm and declare that :

1. I have read and understood the terms and conditions, and agreed with all the obligations and responsibilities, as set out in the “Guidance Notes for Application”;
2. the nominating company consents to have the information provided in connection with this survey disclosed, without further reference to the nominating company, to HKSAR Government bureaux/departments, statutory bodies or third parties for the purposes of processing this survey, conducting research and survey, compiling statistics, meeting requirements of the law and/or performing their functions and disbursing funding and/or related purposes; and
3. the nominating company authorises the Secretariat of the Maritime and Aviation Training Fund and the HKSAR Government to handle information provided in relation to this survey, including and not limited to the disclosure of the information to other parties, in accordance with the “Guidance Notes for Application” and whenever the HKSAR Government considers appropriate.

^{Note 1} The survey must be signed by the authorised person, being a director, the company secretary and/or such other authorised persons of the applicant who is accountable for providing the information in connection with this survey.

Signed by the authorised person, being a director, the company secretary and/or such other authorised persons of the nominating company:

Signature of Authorised Person : _____

Full Name : _____

Position : _____

Telephone No. : _____

E-mail Address : _____

Date : _____

Official Organisation Stamp