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| C:\Users\helenlee\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\JECKFFFI\CIC logo_horizontal_bilingual_rgb_72dpi_transparentBG.png | Construction Industry Council |

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| For official use only |
| Application No.: A-BCR-\_\_\_\_\_\_\_\_\_\_\_\_ |

PN04-F-03

**Application Form for Appeal against Decision to Accreditation of Building Information Modelling (BIM) Coordinator Courses**

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| **Important Note**   1. Please read carefully the “Application Guide for Accreditation of Building Information Modelling (BIM) Coordinator Courses” BEFORE completing this application form. 2. Appeal against a decision relating to Accreditation of Building Information Modelling (BIM) Coordinator Courses must be made and submitted with the following documents **no later than 21 days** after receiving notification of the decision of BIM Certification and Accreditation Board. Late appeal application will not be considered.  * Completed and signed application form with application fee. * Any relevant documents you wish to be considered in your appeal should be enclosed with this form. |

\* Mandatory field # Delete as appropriate

Input “N.A.” if it is not applicable.

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| **Section 1 General Information on Course Provider** | | | | |
| **1.1 Name of Course Provider** | | | | |
| (English)\* |  | | | |
| (Chinese) |  | | | |
| **1.2 Contact Person of Course Provider** | | | | |
| Name\* |  | | Position\* |  |
| Contact Number\* |  | | Email address\* |  |
| Correspondence address (English)\* |  | | | |
| Correspondence address (Chinese) |  | | | |
| **1.3 Course Title\*** | | | | |
| (English) |  | | | |
| (Chinese) |  | | | |
| **1.4 Target Students \*** | | | | |
| General public  In-house training | | | | |
| **1.5 Notional Learning Hours\*** | | Contact hours:  Self-study hours:  Total (Contact hours + Self-study hours):  Others (please specify): | | |
| **1.6 Mode(s) of Delivery & Course Duration\*** | | Full-time: (hour/day/month#)  Part-time: (hour/day/month#)  Workplace attachment / on-the-job training/in-house training#: (hour/day/ month#)  Others (please specify): | | |
| **1.7 Start Date** | | Estimated commencement date: | | |

| **Section 2 –Grounds of Appeal** |
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| Note: Please set down all details you wish to be considered. If necessary, you may use a separate sheet(s) of paper. |

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| **Section 3 - Payment Method**  All payments received are non-refundable, non-endorsable and non-transferable.  Please mail to the Construction Digitalisation Department - Construction Industry Council, 38/F, COS Centre, 56 Tsun Yip Street, Kwun Tong, Kowloon. |
| A cheque made payable to “Construction Industry Council”  Cheque no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of the bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Section 4 – Applicant Declaration**

I,  (name in full), on behalf of (name of Course Provider) being an applicant for accreditation of a Building Information Modelling (BIM) Coordinator Course hereby give notice of appeal against CIC’s decision of the accreditation of BIM Coordinator Courses. My grounds of appeal are set out in Section 2. I do hereby DECLARE that the above is a true statement of the course particulars, that I have read and understood the RULES as stipulated by the Construction Industry Council (CIC). I do hereby accept the final decision of the BIM Appeal Board of CIC.

I undertake that, in the event of any change in the above particulars, I will make known the changes, within 30 days, in writing to the BIM Appeal Board.

I have read the following and hereby undertake:

* To comply and act in accordance with the Regulations and Rules of CIC as they now exist, or as they may in the future be amended
* To pay promptly any monies due to CIC, including but not limited to any fee, subscription, levy, arrears, fine or other penalty, or re-imbursement in accordance with any scheme of compensation, or in respect of any goods or services commissioned by me or the relevant Course Provider from CIC
* To declare any criminal conviction related to me or employees of the relevant Course Provider within 30 days

I understand and authorise CIC to make any reasonable enquiries and check all information in relation to this application for accreditation of a Building Information Modelling (BIM) Coordinator Course.

I acknowledge that CIC has the right to withdraw approval of application status if I and the relevant Course Provider do not meet the requirements. I understand and agree that CIC may investigate the statements I have made with respect to this application, and that I and relevant Course Provider may be subject to disciplinary actions for any misrepresentation (whether fraudulent and otherwise) in this application.

If at any time CIC discovers that I have failed to disclose any of the pertinent information in this form or that I have provided false information it will have the right to terminate my application with immediate effect (with no further obligation to refund any subscription or other fees).

I understand that the fees paid are non-refundable and non-transferable.

For access and correction of data, please address enquiries to:

Construction Digitalisation Department - Construction Industry Council

38/F, COS Centre, 56 Tsun Yip Street

Kwun Tong

Kowloon

Tel: 2100 9000

Fax: 2100 9090

E-mail: bimcas@cic.hk

☐ I have read and agreed to comply with the “Application Guide for Accreditation of Building Information Modelling (BIM) Coordinator Courses” BEFORE completing this application form.

I declare that the content of this form is true and correct. I understand and accept that I am accountable for the truth of this declaration

Date:

Authorised Signature with Company Chop

Date:

Name & Title of Authorised Representative

*Please scan this page if this Application Form is submitted via email.*

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| **Section 5 - For CIC Office use** | | | | | |
|  | **Date** | **Officer** |  | **Date** | **Officer** |
| Form Received |  |  | Acknowledgement of application form |  |  |
| Fee Received |  |  | Receipt of application fees |  |  |
| Particular verified |  |  | Additional information required |  |  |
| Other information received |  |  | Recommendation: |  |  |
| Interviewed on |  |  |
| Remarks : |  |  | Certificate No. |  |  |