

**Reindustrialisation and Technology Training Programme (RTTP)****再工业化及科技培训计划(计划)****Training Grant Claim Form****培训资助申领表格****(Non-local courses)****(非本地课程)**

## Note to Applicant Company:

申请公司须知:

The applicant company should provide all required information in this claim form. The completed form, together with the supporting documents (where necessary), should be returned to the RTTP Secretariat **within two months** after course completion. The RTTP Secretariat reserves the right not to disburse the training grant to applicants in case of late submission of the claim form.

申请公司必须在申领表格提供所需资料。申请公司须填妥本表格，连同有关证明文件(如适用)，在课程完成后**两个月之内**，向计划秘书处提交。计划秘书处有权不发放培训资助予逾期提交的公司。

Any further enquiries could be addressed to the RTTP Secretariat at:

如有进一步的查询，请联络计划秘书处：

Reindustrialisation and Technology Training  
Programme Secretariat  
Headquarters (Industry Partnership)  
Vocational Training Council  
30/F., Billion Plaza II  
10 Cheung Yue Street  
Cheung Sha Wan, Kowloon, Hong Kong  
Telephone: 3907 6660  
Fax: 2904 7843  
Email: [rttp@vtc.edu.hk](mailto:rttp@vtc.edu.hk)

再工业化及科技培训计划秘书处  
职业训练局  
总部(行业合作)  
香港九龙长沙湾长裕街 10 号  
亿京广场 2 期 30 楼  
电话: 3907 6660  
传真: 2904 7843  
电邮: [rttp@vtc.edu.hk](mailto:rttp@vtc.edu.hk)

**Part A - General Information**

## 甲部 – 一般资料

Name of Company : \_\_\_\_\_  
公司名称

Course Title : \_\_\_\_\_  
课程名称

Course Reference : \_\_\_\_\_  
课程编号

Name of Course Provider : \_\_\_\_\_  
培训机构名称

Training Period : \_\_\_\_\_ to \_\_\_\_\_  
培训期 至

**Part B – Information of Trainee(s) Having Attended the Course (Please use additional sheets if necessary)**

乙部 – 参与培训学员资料 (请根据需要另夹附页)

	Name of Trainee(s) 学员姓名	HKID No. 身分证号码	Cost of Return passage 来回旅费	Subsistence Allowance 膳宿津贴	Please tick the box if trainee(s) has/have applied for partial advance payment of training grant 如学员曾申请预先发放部分培 训资助, 请在方格内填上✓号
			(HK\$) (港币\$)		
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>
4.					<input type="checkbox"/>
5.					<input type="checkbox"/>

**Part C - Supporting Documents** (Please tick as appropriate.)

丙部 – 证明文件 (请选取适当空格)

I confirm that the following has been attached.

本人确认下列所选取的文件已夹附。

Public Course

公开课程

Confirmation of Training Completion and Payment (Public Course) (Form 4A)  
完成培训及付费确认通知书(公开课程)(表格 4A)

Training Report of each trainee (Form 5)  
每名学员的培训报告(表格 5)

Confirmation of receipt of subsistence allowance of each by trainee\* (Form 6)  
每名学员的膳宿津贴确认书\*(表格 6)

Original of the return passage boarding pass(es)/ ticket(s)\*  
来回登机证/旅票的正本\*

Certified true copy of receipts for the return passage ticket(s)\*  
来回旅票已核证的收据副本\*

OR  
或

## Tailor-made Course

专门设计的课程

- Confirmation of Training Completion and Payment (Tailor-made Course) (Form 4B)  
完成培训及付费确认通知书(专门设计的课程)(表格 4B)
- Training Report of each trainee (Form 5)  
每名学员的培训报告(表格 5)
- Confirmation of receipt of subsistence allowance of each trainee (Form 6)  
每名学员的膳宿津贴确认书(表格 6)
- Original of the return passage boarding pass(es)/ ticket(s)  
来回登机证/旅票的正本
- Certified true copy of receipts for the return passage ticket(s)  
来回旅票已核证的收据副本

\* To be completed and provided if the travelling fees and subsistence allowances are not included in the training fees collected by the course provider.

\* 如旅费及膳宿津贴不包括在培训机构收取的课程费用内，请填妥及交回表格。

I, the undersigned, also the authorised signatory of the applicant company, declare that all information provided in this claim form as well as the accompanying supporting documents are true and correct. I understand that any willful provision of false information or withholding of any material information relating to this claim form may lead to withdrawal of the approval of the training grant and/or legal proceedings. I agree that the RTTP Secretariat and the Government may use the personal data provided in this form for processing the claim and for other purposes in accordance with the RTTP Guidance Notes for Companies.

本人，为下方签署人及申请公司的授权签署代表，在此声明，本申领表格所提供的资料以及夹附的证明文件均是真确无误。本人明白，在填写申领表格时，任何故意提供虚假的资料或隐瞒重要资料，可能导致获批核的培训资助被撤销，及/或被提交法律诉讼。本人同意计划秘书处及政府可以使用本表格上的个人资料处理有关申领及作计划公司指南内注明的其他用途。

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Name (in Block Letters)  
姓名(请以正阶填写)

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Signature  
签署

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Position  
职位

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Date  
日期

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Company Chop  
公司印鉴