

Training Evaluation Form 課程評估問卷

Thank you for taking the time to complete this programme evaluation form. Your feedback is highly appreciated and will help us continually enhance the services we offer.

我們感謝閣下完成此問卷，並為我們日後提升服務質素留下您的寶貴意見。

Remarks:

- a. The personal data collected on this form will be treated as confidential and will be protected in accordance with local jurisdiction.
- b. Participants, who attended the IIQAS CPD programme, can approach the Hong Kong Council for Accreditation of Academic and Vocational Qualification (HKCAAVQ) (Tel: (852) 3658 0000) for giving further feedback or comment, if any.

注意:

- 甲. 此問卷中所收集之所有個人資料將被保密，並受當地管轄法律之保護。
- 乙. 任何人如出席保險中介人質素保證計劃之課程，均可向香港學術及職業資歷評審局提出意見及反饋（如適用）（電話：（852）3658 0000）

* Indicates required question

Programme Title: Enhanced Competency Framework (ECF) on Operational Risk Management (ORM) / Compliance - Module 1: Ethics and Corporate Governance in Banking Industry

Training Code: HEOR01P24011 / HECO01P24011

Date: 20, 27 January, 3 February 2024

Time: 10:00 - 13:00; 14:00 - 17:00

Duration: 15 hours

Venue: HKIB - Virtual Training

Part I: About the Programme / Module 第一部分：有關本課程 / 單元

11. 11. The notification about the training arrangement is clear. *

培訓提示安排清晰。

Mark only one oval.

1 2 3 4 5 6

Stro Strongly Agree 非常同意

12. 12. The training venue / facilities / equipment were suitable for learning. *

培訓場地 / 設施 / 儀器 都合適是次學習。

Mark only one oval.

1 2 3 4 5 6

Stro Strongly Agree 非常同意

Skip to question 13

Part IV: Other Comments / Suggestions 第四部分：其他意見 / 提議

13. 13. Is the programme beneficial to your job? *

本課程是否對您現時的工作有幫助？

Mark only one oval.

Yes 是

No 否

N/A 不適合回答

14. 14. What is your reason(s) for attending this programme? *

報讀本課程的主要原因：

Check all that apply.

- Self-development 個人發展
- Job Enhancement 工作提升
- Market Update 獲取最新市場動向
- Acquire New Knowledge 獲取最新知識
- Employer Requirement 僱主要求
- CPD Requirement 持續培訓要求

15. 15. Are you being sponsored by your employer? *

報讀本課程是否獲得僱主資助？

Mark only one oval.

- Yes 是
- No 否
- Partial 部分

16. 16. Please share your comments regarding the programme (If any).

若對本次課程有其他寶貴意見，歡迎提出 (如有)。

17. 17. Are there any other topics you would be interested in? (Optional)

您還有其他感興趣的培訓主題嗎？ (如適用)

18. Please leave your contact details for follow up on your comments. (Optional)

如希望本學會跟進您以上所提供之意見，請留下您的個人資料 (如適用) 。

18. Full Name 全名

19. Membership No. (if any) 會員號碼 (如有)

20. Mobile No. 手提電話

21. Email Address 電郵地址

Thank you 謝謝

Address: 地址:

3/F Guangdong Investment Tower, 148 Connaught Road Central, Hong Kong
香港上環干諾道中148號粵海投資大廈3樓

Tel: 電話號碼:

(852) 2153 7800

Email: 電郵地址:

cs@hkib.org

Web-site: 官方網頁:

<http://www.hkib.org>

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