



HONG KONG
EAST CLUSTER
港島東醫院聯網

Hong Kong East Cluster

NOTICE TO APPLICANT – PERSONAL DATA

Please read this notice before you provide any Personal Data to us.

The Hospital Authority (HA) is a statutory body which manages public hospitals. Our staff members may ask you to provide your Personal Data for purposes related to your application for participation in events and courses at HKEC Training Centre for Healthcare Management & Clinical Technology.

When you provide Personal Data to us, please make sure that the data is accurate and complete. If you fail to provide us with the information required or if the information provided is inaccurate or incomplete, your application will be affected.

Please also note that your Personal Data may be made available to:

- appropriate persons in the HA;
- doctors/other healthcare institutions participating in the events and courses;
- any other relevant parties who require it for matters related to your application;
- any relevant government departments/agencies/authorities etc. when disclosure is required or permitted by law or is necessary in the public interest.

In addition to the above, we will only use, disclose or transfer the Personal Data you provide to us:

- for those purposes relating to your application or directly related purposes; or
- where permitted by law.

We will obtain your consent before using your Personal Data for any other purposes.

Minimal Access Surgery Training Centre

Application Form

Please complete the Application Form, and submit with a crossed cheque in respect of the course fee payable to “Hospital Authority” to the following address:

Minimal Access Surgery Training Centre
 Pamela Youde Nethersole Eastern Hospital
 3 Lok Man Road, Chai Wan, Hong Kong
 (Attn: Ms. Cecilia Au Yeung)
 Fax. No.: 2505 7101

Course Information		
Course Name:	11 th Colorectal Surgery Course	
Course Date:	29-30 April 2010	
Course fee:	<input type="checkbox"/> Nurse: Lectures only: \$100 for member*, \$300 for non-member <input type="checkbox"/> Nurse: with hands-on training: \$500 for member , \$1,000 for non-member <input type="checkbox"/> Doctor: Lectures only: \$300 for member, \$500 for non-member <input type="checkbox"/> Doctor: with hands-on training: \$1,500 for member, \$2,000 for non-member * Member- Hong Kong Society for Coloproctology Member	
Personal Details		
<input type="checkbox"/> Professor <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.		
Surname:		
Other names (as appeared on Passport / Identity Card):		
Mailing Address:		

Country:		
Email Address:		
(confirmation will be sent via email)		
Contact Number(s):	Office:	Mobile:
Career Information		
Position / Rank:		
Department / Unit:		
Institute / Hospital:		
Declaration		
<p>I declare that the particulars in this application are true to the best of my knowledge and belief, and I have not wilfully suppressed any material facts. Any misrepresentation or omission of information will be grounds for withdrawal of acceptance for the course. I have also read and understood the information about “the Notice to Applicant – Personal Data”.</p>		

Signature of applicant/ Date		