

Change of Personal Particulars 更改個人資料表格

This application form and relevant document(s) (if applicable) should be submitted to Central Registration Office at **17/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong** (Enquiry Tel: 2961 8649)

申請表格及相關文件（如適用）須遞交至香港灣仔皇后大道東 213 號胡忠大廈 17 樓中央註冊室（電話：2961 8649）

For other enquiries, please contact the Secretariat of relevant Board as below :
其他查詢可聯絡輔助醫療業管理局轄下各委員會相關秘書處：

Medical Laboratory Technologists Board 醫務化驗師管理委員會
Tel 電話: 2527 8380; Email 電郵: mltb@dh.gov.hk

Occupational Therapists Board 職業治療師管理委員會
Tel 電話: 2527 8363; Email 電郵: otb@dh.gov.hk

Optometrists Board 視光師管理委員會
Tel 電話: 2527 8363; Email 電郵: opb@dh.gov.hk

Physiotherapists Board 物理治療師管理委員會
Tel 電話: 2527 8369; Email 電郵: ptb@dh.gov.hk

Radiographers Board 放射技師管理委員會
Tel 電話: 2527 8380; Email 電郵: rgb@dh.gov.hk

I, _____ (English Name) _____ (Registration No.), hereby inform the Secretary of the

本人 _____ (中文姓名) _____ (註冊編號) 謹通知

- ☐ Medical Laboratory Technologists Board 醫務化驗師管理委員會
- ☐ Occupational Therapists Board 職業治療師管理委員會
- ☐ Optometrists Board 視光師管理委員會
- ☐ Physiotherapists Board 物理治療師管理委員會
- ☐ Radiographers Board 放射技師管理委員會

that my personal particulars should be changed as follows with immediate effect*/with effect from

_____ (YYYY-MM-DD)生效*：

**Please delete as appropriate. 請刪去不適用者。*

Please put a “✓” in the box(es) next to the item(s) to be changed. 請在更改項目旁的空格內加上✓號。

☐ Change of Name 更改姓名 <i>(Please attach a copy of the HKID card and a copy of the document issued by the Immigration Department showing the change of name or the addition of an alias.)</i> (請夾附身份證副本及入境處發出的證明文件，以核證已更改的姓名或加入的別名)	Chinese name: 中文姓名 English name: 英文姓名
☐ Change of Phone Number 更改電話號碼	Phone Number: 電話號碼
☐ Change of Fax Number 更改傳真號碼	Fax Number: 傳真號碼
☐ Change of Email Address 更改電郵地址	Email Address: 電郵地址
☐ Change of Correspondence Address 更改通訊地址	English Address (completed in block letters): 中文地址（以正楷填寫）：
☐ Change/Addition of Practising Address 更改／增加執業地址	(1) English Address (completed in block letters): 中文地址（以正楷填寫）： (2) English Address (completed in block letters): 中文地址（以正楷填寫）：

	(3) English Address (completed in block letters):
	中文地址（以正楷填寫）：
	(4) English Address (completed in block letters):
	中文地址（以正楷填寫）：

(Please use separate sheets if the above spaces are not enough. 如上述空間不敷使用，請另加附頁。)

Note (1) : Under section 11 of the Allied Health Professions Ordinance, a list of the names, addresses, qualifications and dates of the qualifications of all persons whose names appear on the register has to be published annually in the Government of the Hong Kong Special Administrative Region Gazette. **The correspondence address that you provided (which can be the practising address, the residential address, a Post Office Box number, etc.) will appear in the Gazette and on the relevant Government website where the e-Gazette is published.** The names and the registration numbers of registrants will also be posted on the website of the Boards under the Supplementary Medical Professions Council (<https://www.smp-council.org.hk/smp/en/intro.php>). The main purpose of publishing such information is to protect the public by creating a public record of persons who are registered as supplementary medical professionals and are entitled to practise the profession in Hong Kong.

注(1)：根據《專職醫療業條例》第 11 條，載有姓名列於註冊名冊內的全部人的姓名、地址、資格及獲得資格的日期的名單須每年於香港特別行政區政府憲報刊登。你所提供的通訊地址（可以是執業地址、住宅地址、郵政信箱號碼等）將出現於憲報及載有電子憲報的有關政府網頁。註冊人士的姓名及註冊編號亦會被存放於委員會的網址 (<https://www.smp-council.org.hk/smp/en/intro.php>)。刊登這些資料的目的是建立一個可於香港執業的註冊輔助醫療專業人士的公開記錄，以保障公眾。

Note (2) : Under section 14(5) of the Allied Health Professions Ordinance, every person registered shall report to the secretary of the board (a) **every** address at which he practises his profession; and (b) any change to the address referred in (a) within **2 months** of such change. Failing to make a report according to the above provisions without reasonable excuse commits an offence.

注(2)：根據《專職醫療業條例》第14(5)條，註冊人士均須向有關委員會秘書申報(a)他從事其專業的**每一處**地址；及(b)就(a)所述的任何地址有所更改時，在更改地址後**2個月**內向秘書申報。無合理辯解而不按上述條例作出申報，即屬犯罪。

Signature:
簽署

Date:
日期

Statement of Purpose for Collection of Personal Information in respect of the Change in Personal Particulars

更改個人資料收集用途聲明

Purpose of Collection 收集資料的目的

1.

The personal data provided by you to the Supplementary Medical Professions Council and its Board(s) are to be used for the following purposes in relation to the Allied Health Professions Ordinance (Cap 359) and the subsidiary legislation(s) (Cap 359A, 359B, 359F, 359H or 359J):

- i. for compliance with sections 11 and 14 of the above Ordinance;
- ii. to compile statistics;
- iii. to prepare, maintain and publish the register;
- iv. to process complaints or enquiries;
- v. to send you materials issued by the Supplementary Medical Professions Council and its Board(s); and
- vi. any other legitimate purpose.

你所提供予輔助醫療業管理局及其管理委員會的個人資料，是作關於香港法例第 359 章《專職醫療業條例》及其附屬法例(第 359 A 章、第 359B 章、第 359F 章、第 359H 章或第 359J 章)的下述用途：

- i. 為符合上述條例的第 11 及 14 條；
- ii. 收集統計資料；
- iii. 編製，備存及刊登註冊名冊；
- iv. 處理投訴或查詢；
- v. 把輔助醫療業管理局及其管理委員會所發出的資料寄予你；及
- vi. 其他合法的目的。

Disclosure of Personal Data to the Public 個人資料的轉介

2. Under section 11 of the Allied Health Professions Ordinance, a list of the names, addresses, qualifications and dates of the qualifications of all persons whose names appear on the register has to be published annually in the Government of the Hong Kong Special Administrative Region Gazette. The correspondence address that you provide to the Board will appear in the Gazette and on the relevant Government website where the e-Gazette is published .

根據《專職醫療業條例》第 11 條，載有姓名列於註冊名冊內的全部人的姓名、地址、資格及獲得資格的日期的名單須每年於香港特別行政區政府憲報刊登。你所提供的通訊地址將出現於憲報及載有電子憲報的有關政府網址。

3. The names and the registration numbers of registrants will also be posted on the website (<https://www.smp-council.org.hk/smp/en/intro.php>) of the Boards under the Supplementary Medical Professions Council.

註冊人士的姓名及註冊編號亦會被存放於輔助醫療業管理局及其管理委員會的網址 (<https://www.smp-council.org.hk/smp/tc/intro.php>) 。

4. The main purpose of publishing such information is to protect the public by creating a public record of

persons who are registered supplementary medical professionals and are entitled to practise the profession in Hong Kong.

刊登這些資料的目的是建立一個可於香港執業的註冊輔助醫療專業人士的公開記錄，以保障公眾。

Classes of Transferees 受讓人的界別

5. The personal data that you provide are mainly for use within the Supplementary Medical Professions Council and its Boards, but, if required, they may also be disclosed to other government departments, bureaux, agencies and authorities for the purposes mentioned in paragraph 1 above. Apart from such disclosure, your data may only be disclosed to other parties where you have consented to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

你所提供的個人資料主要為輔助醫療業管理局及其管理委員會使用，但如有需要，該些資料亦會被披露予其他政府部門、政策局、辦事處及有關當局，以作以上第 1 段所提及的用途。除這些披露外，你的資料亦會在你的同意下或在《個人資料(私隱)條例》許可下被披露予其他人士。

Access to Personal Data 查閱個人資料

6. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasions as mentioned in paragraph 1 above. A fee may be imposed for complying with a data access request.

根據《個人資料(私隱)條例》第 18 條及 22 條以及其附表 1 第 6 原則所述，你有權查閱及修正個人資料，包括有權取得你於以上第 1 段所述的情況下所提供的個人資料。應查閱資料的要求而提供的資料，可能要徵收費用。

Enquiries 查詢

7. Enquiries concerning the personal data provided, including access and the making of corrections, should be addressed to:-

Supplementary Medical Professions Council Secretariat
2/F, Shun Feng International Centre
182 Queen's Road East
Wan Chai, Hong Kong

有關所提供的個人資料(包括查閱及修正資料)的查詢，應送交：
香港灣仔皇后大道東 182 號
順豐國際中心 2 樓
輔助醫療業管理局秘書處

Medical Laboratory Technologists Board 醫務化驗師管理委員會
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