

**SUPPLEMENTARY MEDICAL PROFESSIONS COUNCIL**

**Application for Limited Registration (Radiographer)**

**under section 13A of Allied Health Professions Ordinance, Cap. 359 and  
Radiographers (Registration and Disciplinary Procedure) Regulation, Cap. 359H**

**Certification of Employment**

This is a certification of employment in support of the application of the applicant named in paragraph 2(a) below for limited registration under section 13A of Allied Health Professions Ordinance, Cap. 359.

2. I confirm that the applicant has been selected for full-time employment on the following terms:-

(a) Name of applicant : \_\_\_\_\_

(b) Capacity of appointment : \_\_\_\_\_

(c) Department/Office of the  
employing institution in which the  
applicant will be working : \_\_\_\_\_

(d) Nature of duties to be performed : \_\_\_\_\_

(e) Terms of appointment :

- New appointment / renewal of  
contract : \_\_\_\_\_

- Contract period : \_\_\_\_\_

- Contract tentative start date : \_\_\_\_\_

- Contract tentative end date : \_\_\_\_\_

**3. Scope of work of applicant**

(a) The applicant will work in the following specific areas of practice. *(Please note that the Supplementary Medical Professions Council may impose any condition it considers appropriate.)* -

Diagnostic / Therapeutic radiography *[delete whichever is inapplicable]*

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**4. Justifications**

(a) Justifications for appointing the applicant:

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(b) Reasons for employing a radiographer with limited registration instead of a registrant with full registration:

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(c) Consequence if this application is not approved:

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5. I certify that I have personally checked the applicant's personal particulars, professional qualifications, proof of competency to practise the profession and post-qualification experience together with the supporting documents provided in the application form and confirmed the contents are accurate and true.

6. I certify that the applicant's qualifications meet the criteria for limited registration under section 13A of the Allied Health Professions Ordinance and that the appointment is necessary and appropriate to meet the community's need for allied health professions service and/or training.

Signature : \_\_\_\_\_

Full name : \_\_\_\_\_

Position : \_\_\_\_\_

Designated Institution : \_\_\_\_\_

Date : \_\_\_\_\_

## **Personal Information Collection Statement**

### Purpose of Collection

1. The personal data you provide will be used for purposes directly related to your application for registration as a registrant under the Allied Health Professions Ordinance (“AHPO”), Cap. 359, Law of Hong Kong. It is mandatory for you to provide your personal data. If you do not provide sufficient information, we may not be able to process your application.

### Disclosure to the Public

2. In accordance with section 11 of the AHPO, as soon as may be after 1 July of every year, the secretary shall prepare and publish in the Gazette, lists of the names, addresses, qualifications and dates of the qualifications of all persons whose names appear on the register maintained by the secretary, on 1 July immediately preceding the publication of such list.

3. The information published in the Gazette will also be published in the website of the Board of respective profession.

### Transfer to Others

4. The personal data you provide will be used mainly by the Supplementary Medical Professions Council. They may also be disclosed to other persons, bodies or authorities for the purposes set out in paragraph 1 above or in circumstances permitted under the Personal Data (Privacy) Ordinance.

### Supplementary Medical Professions Council may provide information to Secretary for Health

5. Pursuant to section 34 of the AHPO, the Supplementary Medical Professions Council may provide any information to the Secretary for Health if the Secretary for Health requests the information for the formulation of health care policies.

### Access to Personal Data

6. You have a right to request access to and correction of your personal data held by us. A fee may be charged for such access or correction. Request for access or correction should be made in writing to:-

Supplementary Medical Professions Council,  
c/o Central Registration Office  
17/F, Wu Chung House 213, Queen’s  
Road East Wanchai, Hong Kong