

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

Character Reference

I recommend _____ (Applicant's name) for limited registration as a registered radiographer under section 13A of the Allied Health Professions Ordinance.

I am not a relative of the Applicant. I have known the Applicant for at least 12 months. I have sufficient opportunity of judging the Applicant's character, in the following capacities:-

In my judgement, the Applicant is a person of good character to be registered as a radiographer with limited registration.

I have the following additional comments (if any) on the Applicant's character (attach separate sheet if necessary):-

I agree to provide, if required, details about my acquaintance with the Applicant and my knowledge of the Applicant's character. The Supplementary Medical Professions Council can contact me at the address, telephone number or email set out below.

I certify that the above information is, to the best of my knowledge, true and correct.

Signature : _____

Name : _____ (BLOCK letters)

Occupation / Profession : _____

Address : _____

Telephone No. : _____

Email : _____

Date : _____

WARNING

It is an offence punishable with imprisonment under the Crimes Ordinance to aid, abet or counsel the Applicant to procure or attempt to procure himself or herself to be registered as a registered radiographer under section 13A of the Allied Health Professions Ordinance by wilfully making or producing a certificate of character reference which the referee knows to be false or fraudulent. Referee must therefore ensure all information provided in this character reference is **true and accurate**.

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