

To: Secretary,  
Pharmacy and Poisons Board of Hong Kong  
46/F, Revenue Tower  
5 Gloucester Road, Wanchai, Hong Kong  
(Email: ppb@dh.gov.hk)  
(Fax: 2865 5540)

**Application for Change(s) to Board-approved Internship Training Programme**

**Part I – To be completed by an applicant**

I would like to apply for change(s) to my Board-approved internship training programme. My personal particulars and details of the proposed changes are as follows –

Name of Applicant :	<i>(English)</i>					
	<i>(Chinese)</i>					
Hong Kong Identity Card No. :	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> <i>(first 4 digit only e.g. A123)</i>					
Name of the University :						
Correspondence Address :						
Contact Number :						
E-mail Address :						
	<b>Approved Details</b>	<b>Proposed Change(s) <sup>Note 1</sup></b>				
Name of Hospital/Company :						
Address of Training Site: :						
Training Period: :						
Name of Preceptor/Tutor and Registration No. :						
	(Reg. No.: )	(Reg. No.: )				
Effective Date of the Change(s) :	<i>(DD/MM/YYYY)</i>					
Reason(s) for the proposed change(s) :						

<sup>Note 1</sup> Please leave the field blank if there is no change, and add additional rows for changes involving more than one training module.

**Justifications and supporting documents for late submission** <sup>Note 2:</sup>

*(only applicable for a pharmacy intern who fails to submit an application **at least three weeks** before commencement of the above change(s))*

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<sup>Note 2</sup> Please provide supporting documents, such as medical records and/or relevant correspondences, to account for the late submission of application for change(s). An application with insufficient supporting documents will not be processed.

Signature : \_\_\_\_\_  
Name : \_\_\_\_\_  
Date : \_\_\_\_\_

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**Part II – To be completed by training institution**

I certify that the information completed by the applicant in Part I above is accurate and confirm that *(Please tick as appropriate)* –

- the intern’s training has **not** been interrupted due to the proposed change(s);
- the intern has obtained an overall grading of “**Effective**” or above according to the grading system and criteria as prescribed in the performance appraisal form of the relevant sector during the concerned module(s) of training; and
- the proposed change(s) is **not** initiated by the intern.

If any of the aforesaid condition(s) is/are not satisfied, please provide details below:

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Signature of Training Institution Representative : \_\_\_\_\_  
Name : \_\_\_\_\_  
Position : \_\_\_\_\_  
Date : \_\_\_\_\_

## **Statement of Purposes**

### Purpose of Collection

1. The personal data are provided to the Pharmacy and Poisons Board of Hong Kong (the Board) for the purposes related to the processing of applications for the Board's pharmacy internship training programme. The provision of personal data is voluntary. However, if you do not provide sufficient information, the Board may not be able to process your application.

### Classes of Transferees

2. The personal data you provided are mainly for use within the Board, but they may also be disclosed to other Government bureaux/departments, agencies or authorities for the purposes mentioned in paragraph 1 above, if required. Apart from these, your other personal particulars and information will only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

### Access to Personal Data

3. You have the right of access and correction with respect to your 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 mentioned in paragraph 1 above. A fee may be imposed for obtaining a copy of such data.

### Enquiries

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

The Secretary, Pharmacy and Poisons Board  
46/F, Revenue Tower  
5 Gloucester Road, Wanchai, Hong Kong

Tel. : 2527 8432  
Fax : 2865 5540