Application for the Registration Examinations of the Pharmacy and Poisons Board

This application form must be submitted by **post or hand delivery** to the Secretariat of the Pharmacy and Poisons Board at 46/F, Revenue Tower, 5 Gloucester Road, Wanchai, Hong Kong. Submission by facsimile or email is NOT accepted.

Please fill in this form in print or typed Name: Mr/Mrs/Miss/Ms #	l letters)		()		
	(in English)			(in Chinese, if any)		
Hong Kong Identity Card No./	Passport No. #					
Date of Birth:	_Age :					
Address :						
	Telephone No.:					
Correspondence Address :						
Email Address:						
Education*						
Name of High School and University, etc.		F ()4	Period At (onth/Year)	tended To (Month/Year)		
Acadomic Ovalification*						
Academic Qualification* Qualification (Diploma, Degree, etc.)	Award	Awarding Authority		ty Date Awarded		
Professional Qualification*						
Board of Pharmacy where Registered			Date	Registered		

Pre-registration Supervise Name of Insti		D 1 A /	tandad			
Name of inst	itution	Period At				
		From (Month/Year)	To (Month/Year)			
ost-registration Experien	nce*	,	,			
Name of Institute, Organization, etc.		Period At	Period Attended			
		From (Month/Year)	To (Month/Year)			
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written in English a prope	erly authenticated English egistration as a Pharmaci	er with the application. If any so version should be provided. For st issued by the Secretariat of v.	r details, please refer to the			
	I hereby c	onfirm this day of				
	that the in	formation provided above	are correct and true.			
Photograph						
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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 purpose of application for registration/examinations of the Board. 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 purpose mentioned in paragraph 1 above, if required. Moreover, according to the Pharmacy and Poisons Ordinance, part of the information provided, such as names of pharmacists, addresses, qualifications and dates of the qualifications, will be entered into the Register for public inspection. 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