## e-Registration Form for New Dental Consultation Waiting List

## for Civil Service Eligible Persons

# **Filling Procedure**

First page -- introduction page

GOVHK香港政府一站建				
e-Registration Form for New Dental Consultation Waiting List for Civil Service Eligible Persons				
1) Introduction	Department of Health - Dental Services The Government of the Hong Kong Special Administrative Region of the People's Republic of China			
3) Signature	Department Of Health - Civil Service Eligible Persons			
4) Review & Confirm	Please read through the "Notes to Applicant" and "Collection of Personal Data – Statement of Purposes" in the <u>webpage of</u>			
5) Acknowledgement	l confirm:			
General FAQs	I am the "iAM Smart+" account holder (Required) * I have read and understood the "Notes to Applicant" and "Collection of Personal Data – Statement of Purposes" in the webpage of the programme gbefore filling in this form. *			
	I Want To 🛛 D Start Filling in a New Form			

(Note: Before clicking "Fill in new form", please read the "Notes to Applicants" and "Collection of Personal data – Statement of Purposes" and confirm that you are the "iAM Smart+" account holder.)

#### 1. Confirmation

Check two boxes to confirm that you are the "iAM Smart+" account holder and have read and agreed to the relevant notes and statements.

l c	confirm:
	I am the "iAM Smart+" account holder (Required) *
	I have read and understood the "Notes to Applicant" and "Collection of Personal Data – Statement of Purposes" in the webpage of the programme

## 2. <u>Filling in Form</u>

Click "Start Filling in a New Form" to start filling in a new form.



GovHK香港政府一站通	
e-Registratio Waiting List f	n Form for New Dental Consultation for Civil Service Eligible Persons
1) Introduction	You can use Form filling with "iAM Smart e-ME" to fill in your personal information.
2) Applicant's Information	Form Filling with iAM Smart e-ME
3) Signature	More inford
4) Review & Confirm	Applicant's Information
5) Acknowledgement	Surname Given Name
General FAQs 🧟	Chinese Name
	Gender* Male Female
	Date of Birth * .
	Hong Kong Identity Card Number *
	Applying New Consultation for the above Applicant? * $$$$$$$$$$$$$$$$$$$$$$$$$$$$$$$$$$$$$
	Applying for other Eligible Dependants in the Same Family? * Yes No
	Email (Please provide correct Email for receiving acknowledgment of application submission) *
	Mobile Number *
	Home Telephone Number
	Address
	Region V District V
	Street No. Street Name
	Phase Estate Name
	Block/Tower/House V
	Building Name Floor /F
	Please Choose V
	Notice to the Applicant     The choices for civil servant dental clinic preference cannot be changed after submission and the preference will affect the waiting time.
	Clinic Preference *  No Preference  Preferenced
	* Mandatory fields
	Back Next

### 3. Use "Form Filling with iAM Smart e-ME" to fill in the form automatically

Click "Form Filling with iAM Smart e-ME".



Please open "iAM Smart" App in your mobile  $\rightarrow$  Tap the scan button in "iAM Smart" App  $\rightarrow$  Scan the QR code displayed in the e-form  $\rightarrow$  Click "Agree" to complete authorization.



4. If the applicant is not a Civil Servant / Retired Civil Servant / Eligible Employee of Hospital Authority

Please click "No" and input the personal information of the Civil Servant / Retired Civil Servant / Eligible Employee of Hospital Authority.

Personal Informati English Name *	on of Civil Servant / Retired C	<u>:ivil Servant / Eligible Employee of Hospital Authority</u>
Surname	Given Name	
Chinese Name		
Chinese Name		
Conder *		
	nale	
	alc	
Date of Birth *		
Date of Birth *	£	
Date of Birth *		
Date of Birth *		
Date of Birth * YYYY-MM-DD Hong Kong Identit	) Card Number *	
Date of Birth * YYYY-MM-DD Hong Kong Identit	/ Card Number *	
Date of Birth * YYYY-MM-DD Hong Kong Identit	<pre>/ Card Number * )</pre>	
Date of Birth * YYYY-MM-DD Hong Kong Identit ( Relationship of Ap	<pre>/ Card Number * / ) plicant with Government Ser</pre>	vant / Retired Civil Servant / Eligible Employee of Hospital Authority *

5. If applying for other Eligible Dependants in the Same Family

Please input the personal information of the Immediate family member. After input the first person, you may click "Add Line" to input the personal information of another immediate family member.

Eligible Dependa	nt's English Name *	
Surname	Given Name	
Eligible Dependa	nt's Chinese Name	
Chinese Name		
Eligible Dependa	nt's Gender*	
- · · ·	it's Gender	
	male	
Male Fe	male nt's Date of Birth *	
Male Fe	male nt's Date of Birth *	
Male Fe	male nt's Date of Birth *	
Male Fe	male nt's Date of Birth *	
Male Fe Eligible Dependa YYYY-MM-DD Eligible Dependa Hong Kong Ide	male  nt's Date of Birth *  nt's Document Type *  entity Card / Birth Certificate	

## 6. If the applicant has clinic preferences

Please click "Preferenced" and choose up to 3 clinics.

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nic nearby, the applicant should wait until the preferred clinic available and the
la

After finishing a page, in the lower right, click "Next" to move on to the next page.

You may click "Back" to return to the previous page as well



The page will display the entered information, and you can sign at the bottom of the page.

Gov <b>HK</b> 香港政府 <b>一站</b> 通	<u>1</u>
e-Registratio Waiting List f	n Form for New Dental Consultation for Civil Service Eligible Persons
1) Introduction	Please check the following information and apply signature. You may go back to make changes as needed.
2) Applicant's Information	Applicant's Information English Name
4) Review & Confirm	Chinese Name
5) Acknowledgement	Gender
General FAQs @	
	Date of Birth
	Hong Kong Identity Card Number
	Applying New Consultation for the above Applicant?
	Is the applicant a Civil Servant / Retired Civil Servant / Eligible Employee of Hospital Authority?
	Applying for other Eligible Dependants in the Same Family?
	Email (Please provide correct Email for receiving acknowledgment of application submission)
	Mobile Number
	Home Telephone Number
	Address
	Notice to the Applicant     The choices for civil servant dental clinic preference cannot be changed after submission and the preference will affect the     waiting time.
	Clinic Preference
	Applicant Signature Sign Here
	* Mandatory fields
	Back Next

To complete this part, applicant needs to prepare "iAM Smart" account with the digital signature function enabled.

7. Click "Sign Here".

Applicant Signat	ature		
Sign Here			

Click "Signing with "iAM Smart" to display the QR code  $\rightarrow$  Please open "iAM Smart" App in your mobile  $\rightarrow$ Tap the scan button in "iAM Smart" App  $\rightarrow$  Scan the QR Code  $\rightarrow$  After ensuring the identification code shown on the "iAM Smart" App and the webpage are the same, click "Sign" in the "iAM Smart" App to complete digital signing.



🗑 iAM Smart	⊕ English ∽
< Back to online service	
<ul> <li>Digital-signing via iAM Smart :</li> <li>1. Please open iAM Smart App in your mobile</li> <li>2. Tap the scan button in iAM Smart App</li> <li>Can the Code</li> <li>3. Scan the QR Code</li> </ul>	
Applicant Signature F Sign using "iAM Smart" mobile app Digitally signed by Date: 2023-12-29 09.46:05 Certificate Cancel	
	* Mandatory fields

The page will display the entered information. Please check the information again. After confirming that the information is correct, you can submit the form at the bottom of the page.

GovHK香港政府一站通				
<ul> <li>e-Registration</li> <li>Waiting List f</li> </ul>	n Form for New Dental Consultation or Civil Service Eligible Persons			
1) Introduction	Please check the following information before submission. You may go back to make changes as needed.			
<ul> <li>2) Applicant's Information</li> <li>3) Signature</li> <li>4) Review &amp; Confirm</li> </ul>	Department Of Health - Civil Service Eligible Persons Registration for New Dental Consultation Waiting List Please read through the "Notes to Applicant" and "Collection of Personal Data – Statement of Purposes" in the <u>webpage of</u> the programme_cbefore filling in this form.			
5) Acknowledgement	l confirm: ☑ I am the "IAM Smart+" account holder (Required)			
General FAQs @				
	Applicant's Information English Name Chinese Name			
	Gender Male Date of Birth			
	Hong Kong Identity Card Number			
	Is the applicant a Civil Servant / Retired Civil Servant / Eligible Employee of Hospital Authority?			
	Applying for other Eligible Dependants in the Same Family?			
	Email (Please provide correct Email for receiving acknowledgment of application submission)			
	Mobile Number			
	Address			
	Notice to the Applicant The choices for civil servant dental clinic preference cannot be changed after submission and the preference will affect the waiting time. Clinic Preference			
	Applicant Signature			
	Submission Acknowledgement Please provide your email address to receive acknowledgement email for future reference: Email *			
	* Mandatory fields Back Submit			

## 8. Review the form and submit

Please check the information before submission and enter your email address to receive the submission acknowledgement. If there are no changes, the system will use the personal information entered on the "Applicant's Information Page" by default.

Submission Acknowledgement		
Please provide your email address to receive acknowledgement email for future reference:		
Email *		
		Mandatory fields
		manuatory neros
	Back	Submit

### 9. Enter text from image



10. Download and open submitted form

After submitting the form, it is **recommended** that the applicant can click "Print/ Download Submitted Form" in the Submission Details page, and a PDF file will be saved onto the computer of the applicant for record and reference.



