

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 letters)

Name: Mr/Mrs/Miss/Ms # ()
(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.	Period Attended	
	From (Month/Year)	To (Month/Year)

Academic Qualification*

Qualification (Diploma, Degree, etc.)	Awarding Authority	Date Awarded

Professional Qualification*

Board of Pharmacy where Registered	Date Registered

Pre-registration Supervised Training **

Name of Institution	Period Attended	
	From (Month/Year)	To (Month/Year)

Post-registration Experience*

Name of Institute, Organization, etc.	Period Attended	
	From (Month/Year)	To (Month/Year)

In Hong Kong or elsewhere, have you ever been convicted of any offence punishable with imprisonment or found guilty of misconduct in a professional respect?

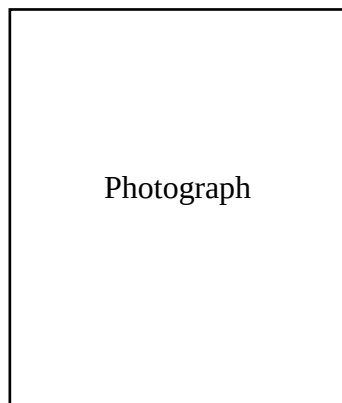
Answer : Yes/No#.

If Yes, please give details on a separate paper.

Note : #delete as appropriate.

*supporting documents should be submitted together with the application. If any supporting document is not written in English a properly authenticated English version should be provided. For details, please refer to the Explanatory Notes on Registration as a Pharmacist issued by the Secretariat of the Pharmacy and Poisons Board.

**as approved by the respective registration authority.



I hereby confirm this _____ day of _____
that the information provided above are correct and true.

(Signature of the applicant)

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