

ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

FORM 7

Return of Experiments

Name of Licensee : _____

No. and date of Licence : _____

Period covered by return : From _____ To _____

Number of experiments conducted.	Place(s) where performed.	Kinds and number of animals used.	Purpose of experiments (e.g. manual skill, illustrating lectures, etc.).	Any teaching permits, lectures and other endorsements applicable during the period.

Dated _____

Signed _____
(Licensee).

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Annex – This section is not part of Form 7 but information supplied would facilitate our processing of your return.

Contact No.:

Mobile No.:

Email Address:

Remarks (check the box(es) and fill in relevant information if applicable):

- ☐ I will leave / have left* my School/ Department/ Company in relation to the experiments above with effect from _____ and intend to cancel my existing licence in this return thereafter*
- ☐ I will stop / have stopped* the experiments above with effect from _____ and intend to cancel my existing licence in this return thereafter*
- ☐ (Other matters): _____

* please delete as appropriate

Personal Information Collection Statement
Relating to Licence/ Permit/ Endorsement Issued under
the Animals (Control of Experiments) Ordinance, Chapter 340

Purpose of Collection

1. The personal data are provided by clients with whom the Department of Health (DH) interacts in the delivery of services, and other related activities. The personal data provided will be used by DH for the following purposes:

- (a) processing matters related to licences/ permits/ endorsements;
- (b) recording purposes;
- (c) statistical purposes; and
- (d) for any other purposes permitted by law.

Failure to provide the requested personal data may lead to delay or an inability to process relevant licence/ permit/ endorsement application.

Classes of Transferees

2. The personal data you provided will be kept confidential for use within DH but they may also be disclosed to other Government bureaux/ departments or relevant parties for the purposes mentioned in paragraph 1 above, if required. Apart from this, the data may 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 or any other legislation.

Access and Correction 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. A fee may be imposed for complying with a data access request.

Enquires

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

Principal Medical and Health Officer (Health Technology and Advisory)
Department of Health
21/F, Wu Chung House
213 Queen's Road East
Wan Chai, Hong Kong
Tel : 2961 8975