



為進一步改善學童牙科保健服務的外判巴士服務質素，現特設問卷調查，請給我們寶貴意見！

This survey is conducted to ensure and improve the quality of the chartered bus service. Your valuable opinion is highly appreciated!

1. 回程時，除司機及貴校代表外，應有褓姆跟隨巴士送學童回校(或中環港外線碼頭)。您們回程的巴士有褓姆嗎？
Except driver and school representative, there shall be a bus escort accompanying school children on the way back to school (or Central Pier). Was there any bus escort in the bus trip you took?

☐ 全程有褓姆
Yes throughout
the whole trip

☐ 全程沒有 / 非全程有* 褓姆。褓姆在何時及何處下車？
No / Part of the trip*. When and where did the escort depart?

2. 褓姆應協助學童上落巴士。他/她有這樣做嗎？(如沒有褓姆，不需作答)

Bus escort shall assist your school children in boarding and alighting the bus. Did he/she do this? (Please don't answer if there was no escort)

☐ 有
Yes

☐ 沒有
No

3. 回程時有沒有發生學童受傷或對學童安全構成威脅的事故 (例如：交通意外、超速或不小心駕駛)？

On the way back to school, was there any incident that induced injury to or might have threatened the safety of the school children e.g. traffic accident, speeding, and careless driving etc.?

☐ 沒有事故
No incident

☐ 有事故。請提供資料：(車牌：_____)
Had incident. Please describe:
(Car Reg. No. _____)

4. 有沒有延遲返抵學校？

Was there any delay on the arrival time back to school?

☐ 沒有延遲
No delay

☐ 有延遲 (_____) 分鐘。
Had delay (_____) minutes).

預定離開診所時間: Scheduled time to leave Clinic:	
確實離開診所時間: Actual time leaving Clinic:	

請列出延遲的原因(如適用): What was the cause of the delay (if applicable)?

☐ 交通事故
Traffic

☐ 路線錯誤
Wrong route

☐ 於診所延遲
Delay in clinic

☐ 其他:
Other: _____

5. 其他意見 (如司機及褓姆的表現，車廂設備及整潔程度):

Other Comments (e.g. performance of driver and escort, condition and cleanliness of bus):

* 請將不適用者刪去 Delete as appropriate

請將此表格傳真至

Please fax this form to

或寄回本診所，多謝合作！

or mail back to our clinic. Thank you for your co-operation!

學校名稱 School Name: _____

隨行學校代表姓名:

Name of School Representative on Bus: _____

簽署 Signature: _____

日間聯絡電話:

Contact Telephone (Day): _____

(此欄由本診所職員填寫 For Clinic use only)

到診日期 Appointment Date: _____	上午 / 下午 AM / PM	預約編號: Appointment No: _____
巴士班次 Bus Trip: _____	評審人 Reviewer: _____	日期 Date: _____
跟進行動 (如有): Follow-up Action (if any): _____		



Statement of Purposes

1. Purpose of Collection

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

- (a) Proof of eligibility;
- (b) Providing services including but not limited to clinical service, dental laboratory service, appointment arrangement and notification and client relation matters;
- (c) Record of test results / examination / investigation / treatment for continuation of care or reference by other medical professionals;
- (d) Consent for particular treatments / tests;
- (e) Tracking of payment;
- (f) Suspected outbreak investigation;
- (g) For notification of tuberculosis or other diseases reportable / notifiable for public health purpose;
- (h) Tracing defaulters for follow-up / treatment;
- (i) Record of enrolment / management;
- (j) For preparing statistics and accounting reports, epidemiological surveillance, carrying out research or teaching purpose;
- (k) Audit purpose; and
- (l) To provide alert for public health emergencies.

The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to prove your eligibility for specific service / activities and cannot provide service / assistance to you or even the service / assistance may still be provided, you will be charged at the non-entitled person (usually higher) rate.

2. Classes of Transferees

The personal data you provide are mainly for use within the DH but they may also be disclosed to other Government bureaux / departments, the Hospital Authority 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.

3. Access to Personal Data

You have a right of access and correction with respect to 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 as mentioned in paragraph 1 above. A fee may be imposed for complying with a data access request.

4. Enquiries

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

Clerical Officer, School Dental Care Service
Rm. G8, G/F, MacLehose Dental Centre, 286 Queen's Road East, Wan Chai, Hong Kong
Telephone: 2892 2157

目的聲明

1. 收集資料的目的

衛生署向病人及服務使用者提供服務和進行其他有關活動時，他們會提供個人資料。衛生署會使用這些個人資料作以下用途：

- (a) 資格證明；
- (b) 提供服務，包括但不限於臨牀診症、牙科技術室服務、診症預約及通知約期，以及顧客關係事宜；
- (c) 測試結果 / 化驗 / 檢驗 / 治療的記錄，以繼續提供護理，或供其他醫療專業人員參考；
- (d) 同意進行特定治療 / 測試；
- (e) 跟進繳費事宜；
- (f) 調查疑似傳染病爆發個案；
- (g) 為公共衛生目的，就結核病或其他須予報告 / 呈報的疾病，作出呈報；
- (h) 追蹤不依期覆診者，以便跟進 / 治療；
- (i) 登記 / 管理的記錄；
- (j) 供製備統計數字和會計報告、流行病學監測、進行研究或教學用途；
- (k) 審計用途；以及
- (l) 就公共衛生緊急情況發出警報通知。

提供個人資料，純屬自願。如你未能提供足夠資料，我們可能無法證明你符合資格享用某項服務或參加某些活動，因而不能為你提供服務 / 協助；又或即使仍可提供服務或協助，你也須按非符合資格人士的收費率(通常較高)繳費。

2. 資料承轉人類別

你所提供的個人資料，主要供本署內部使用，但如有需要，也可能為上文第 1 段所述目的，向其他政府決策局 / 部門、醫院管理局或有關各方披露。此外，只有在你同意作出該項披露或該項披露是《個人資料(私隱)條例》所允許的情況下，本署才會向有關方面披露有關資料。

3. 查閱個人資料

根據《個人資料(私隱)條例》第 18 及第 22 條，以及附表 1 第 6 原則的規定，你有權查閱和改正你的個人資料。你的查閱權包括有權索取你在上文第 1 段所述情況下所提供個人資料的複本一份。為依從查閱資料要求，可能會徵收費用。

4. 查詢

有關所提供個人資料的查詢(包括查閱和改正資料)，應送交：
香港灣仔皇后大道東 286 號麥理浩牙科中心地下 G8 室
學童牙科保健服務 文書主任
電話號碼：2892 2157