

**(RESTRICTED)****Peer audit and monitoring on the practice of doctors  
Medical Council of Hong Kong**

I am interested to serve as a volunteer Practice Monitor and would like to provide relevant information for the consideration of the Medical Council as follows:

Name (in English)	
Registration number	
Registered address (in English)	
Contact phone number / email address	
Disciplinary record *	
Type of practice (e.g. HA, universities, private practice and etc.)	
Specialist status and specialty, if any	
Length of practice experience	
Relevant qualifications	
Experiences	

\* *At the Policy Meeting on 4 November 2015, the Council further decided that a doctor subject to disciplinary proceedings at the following stages should automatically be debarred from being considered for appointment as a Practice Monitor:*

- (a) *currently or previously subject to a disciplinary order by the Council after due inquiry; or*
- (b) *with an outstanding complaint/criminal conviction case referred by the Preliminary Investigation Committee to the Council for inquiry.*

Signature :

\_\_\_\_\_

Name of doctor:

\_\_\_\_\_

Date:

\_\_\_\_\_

*Personal Information Collection Statement*

It is voluntary for you to supply to us your personal data. All personal data collected by us in the course of our handling of the subject matter will only be used for purposes which are directly related to the appointment of Practice Monitors to conduct monitoring and audit on doctors. You have the rights to request access to and correction of your personal data held by us. Request for access or correction should be made in writing to the Medical Council Secretariat at 4/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong. The information provided might also be disclosed to Members of the Council and the doctors under monitoring for appointment and other related purposes.