(RESTRICTED)

Peer audit and monitoring on the practice of doctors Medical Council of Hong Kong

I wish to enrol as a <u>volunteer</u> Practice Monitor and would like to provide the following information for the Medical Council's consideration:

Name (in English)

*				
Registration number				
Registered address (in English)				
Contact phone number / email address				8
Disciplinary record *				
Type of practice (e.g. HA, universities, private practice and etc.)				8
Specialist status and specialty, if any				
Length of practice experience				
Relevant qualifications				
Experiences			£	
* At the Policy Meeting on 4 November 2015, proceedings at the following stages should a as a Practice Monitor: (a) currently or previously subject to a (b) with an outstanding complaint/crir Committee to the Council for inquir	nutomatically be de disciplinary order ninal conviction c	barred from being by the Council aft	g considered fo er due inquiry,	or appointment ; or
Signa	ature:			
Name:			(157)	b.
Date:	i e		9	
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Personal Information Collection Statement

It is voluntary for you to supply to the Medical Council of Hong Kong ("MCHK") your personal data. All personal data collected by MCHK in the course of the 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 MCHK. Request for access or correction should be made in writing to the MCHK 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 MCHK and the doctors under monitoring for appointment and other related purposes.