

Schedule 1

Information of Authorised Persons

Personal Information Collection Statement

The personal data provided in this form will be used by the Hospital Authority (“HA”) for ascertaining, identifying and verifying your identity and other administrative purposes in connection with your access to the HA data through the Self-service Data Platform of the HA Data Collaboration Laboratory (“HADCL”). Please note that it is mandatory to provide all the personal particulars required below. Failure to provide such data may delay the processing and affect the outcome of your requests. Apart from processing of your personal data for the aforesaid purposes, the HA will not disclose your personal data to any other parties or use for other purposes without your consent. Under the Personal Data (Privacy) Ordinance, the applicant may access or correct the personal data provided by sending an e-mail to the HADCL Office at HADCL@ha.org.hk. Please refer to the Privacy Policy of the HA Corporate Website (<https://www3.ha.org.hk/data/Home/PrivacyPolicy/>) for details of our privacy policy.

I accept and agree to the Personal Information Collection Statement.

Personal Particulars

Name: _____ Post / Title: _____

Company: _____

Staff ID number: _____

Staff ID validity period: _____

Email: _____ Contact Number: _____

Purpose of Application (Please tick the appropriate box and elaborate the purpose within 200 words.)

Draft hypothesis / research proposal

Conduct research study* (Research title: _____)

** Ethics approval is required (please contact HKSTP HA Data Governance Team Natasha.tsai@hkstp.org for details).*

Number of access days required (max. 5 days): _____ Days

Signature of Applicant: _____ Date: _____

Support from Company Director

Name of Director: _____ Post / Title: _____

Company: _____

Email: _____ Contact Number: _____

Signature of Director: _____ Date: _____