

Application for Access to Information

查閱個人資料申請表

A11.1
(2015年7月1日)

(This form can be completed either in English or Chinese. Please read the notes below before completion)

請以英文或中文填寫此表格。在填寫前，請先細閱表格底部的備註。

Part I 第一部份 – Particulars of Data Subject 資料當事人的個人資料

Name 姓名:	Tel 電話:	Email 電郵:	Fax 傳真:
Personal identifier 個人身份代號 (e.g. HKID No. or other reference number such as Patient No. or Membership No. 例如香港身份證號碼或其他參考編號如病人編號或會員編號):			
Address 地址:			
Are you the data subject 你是否資料當事人? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 (Please complete Part III 請填寫第三部份)			
If you are not the data subject, you should made the request as a “relevant person” on behalf of the data subject under the following conditions 若你不是資料當事人，你需根據以下情況以「相關人士」身份代資料當事人提出查詢:			
<input type="checkbox"/> the Data Subject is a minor and I have parental responsibility over the Data Subject; 資料當事人還未成年，本人對資料當事人有作為父母親的責任;			
<input type="checkbox"/> the Data Subject is incapable of managing his / her own affairs and I have been appointed by a court to manage those affairs or 資料當事人無能力處理其本身事務，本人由法庭委任以處理該等事務或			
<input type="checkbox"/> I am authorized in writing by the Data Subject to make this data access request on his / her behalf. 本人獲資料當事人書面授權代表他/她提出此項查閱資料要求。			
If you are making the request as a relevant person according to the conditions above, please submit the following documentation. 如你按以上情況以「相關人士」身份提出申請，請提供以下資料證明。			
<input type="checkbox"/> Written authorization 授權書			
<input type="checkbox"/> Copy of birth certificate 出生證明書複本			
<input type="checkbox"/> Copy of court order 法庭命令複本			
<input type="checkbox"/> Others, please specify 其他，請註明: _____			

Part III 第二部份 – Information Requested 要求查閱的資料

Description of the requested data (as specific as possible) 請詳細說明所需資料:
Period covered 資料所覆蓋時段:
Service centre(s) related 相關服務單位:
Way to collect the requested data (please refer to Note 6) 領取所要求的資料的方式(請參閱備註第6及7項):

Please turn to Page 2 請轉到第2頁

Ref: HO form/A11.1 (2015年7月1日)

Address 地址: 1/F, Lutheran Building, 50A Waterloo Road, Kowloon, Hong Kong 香港九龍窩打老道50A信義樓一字樓

Tel 電話: (852) 2710-8313

Fax 傳真: (852) 2770-1093

E-mail 電郵: admdept@elchk.org.hk

Website 網址: www.elchk.org.hk/service

Part II 第三部份 – Particulars of Requestor 申請人的個人資料

(Complete only when the requestor is not the data subject 若申請人不是資料當事人才需填寫)

Name 姓名:	Tel 電話:	Email 電郵:	Fax 傳真:
Address 地址:			

Notes 備註

- 1 A charge reflecting the cost of reproducing the records may be incurred. We will advise you in advance of any such charge. 我們會按複印紀錄所需的成本收取費用，並預先告知你所需繳付的費用。
- 2 You may be asked to provide additional information to support us to meet your request. We may not be able to process your application if you do not provide sufficient information. 你或需提供更多資料，讓我們回應你的申請。如你未能提供足夠資料，我們可能無法處理你的申請。
- 3 You will be required to provide proof of your identity, the proof of data subject's identity if you are making the request as a relevant person and further proof of your status as a relevant person. 你需提供你的身份證明。如你是以「相關人士」身份提出申請，你需進一步提供資料當事人的身份證明及你作為「相關人士」的證明。
- 4 We may refuse your request under the circumstances mentioned in Section 20 of PDPO. 機構可根據個人資料（私隱）條例第 20 條所列出的情況拒絕你的查詢申請。
- 5 We will reply to you in 40 days after receiving your personal data access request. 機構將於 40 天內回覆閣下的個人資料查詢。
- 6 If the application is submitted in person, we can consider to send the requested data to you by mail or another way you suggested. However, if your application is not submitted in person, you should collect the requested data in person. 若你是親臨機構提交申請，我們可考慮按你的要求郵寄或以其他方式寄送你所要求查閱的資料。若你不是親臨機構提交申請，你必須親臨領取你所要求查閱的個人資料。
- 7 For better protection of personal data, we suggest you collecting the requested data in person. However, if you cannot collect the information in person, please suggest another way to our staff within 14 days from the day on the form below. We will not be responsible to any loss due to the information breach if we have followed your suggested way to send the information. You will also be responsible for the costs involved in sending the data but we will advise such costs to you before sending. 為更有效保障閣下私隱我們建議閣下親臨機構拿取閣下所要求查閱的個人資料。然而，若閣下未能親臨到取，請於自申請日起 14 天內，告知機構職員閣下希望以甚麼方式取回你的個人資料。機構若已按閣下指示寄送資料，若寄送過程中發生任何資料外涉事故，機構恕不負責。此外，閣下亦需繳付寄送資料的費用，機構職員將在寄出前告知閣下所需費用。
- 8 The information provided will be used for processing your request for access to information. For access to or correction of the personal data contained in this application, you may: 你所提供的資料，將用於是次索取個人資料申請上。如需索取或更改載於本表格上的個人資料，請循以下途徑：
 - i. Download the application forms on our website (www.elchk.org.hk/service) and email the completed application forms to pd@elchk.org.hk 於機構網頁 (www.elchk.org.hk/service) 下載相關表格，把填妥的表格發電郵至 pd@elchk.org.hk。
 - ii. Submit the completed application forms by mail to our Administration Manager (Address: 1/F, Lutheran Building, 50A Waterloo Road, Kowloon, Hong Kong) 郵寄至機構總處行政經理(香港九龍窩打老道 50A 信義樓一字樓) 提交申請。
 - iii. Submit the completed application forms in person to any of our Service Centres. 親臨機構各服務單位提交申請。

Signature

簽署：_____

Date

日期：_____

Part IV 第四部份 – Internal Check 內部核對用

1. 申請人以什麼形式提交申請 (親臨本中心/郵寄/電郵/傳真)
2. 是否按 HO1530.4 查閱及更正個人資料程序收妥文件? 是 <input type="checkbox"/> 否 <input type="checkbox"/>
3. 是否已核對申請人的身份證及其他證明文件? 是 <input type="checkbox"/> 否 <input type="checkbox"/>
4. 若申請人不是親臨單位提交申請，是否有致電對方確認? 是 <input type="checkbox"/> 否 <input type="checkbox"/>
5. 若申請人不是親臨單位領取所申請資料，是否已致電對方確認收妥? 是 <input type="checkbox"/> 否 <input type="checkbox"/> (請於完成後填寫此項以作記錄)
單位：_____ 負責職員姓名：_____ 負責職員簽署：_____ 日期：_____

Ref: HO form/A11.1 (2015 年 7 月 1 日)

Address 地址: 1/F, Lutheran Building, 50A Waterloo Road, Kowloon, Hong Kong 香港九龍窩打老道 50A 信義樓一字樓
Tel 電話: (852) 2710-8313 Fax 傳真: (852) 2770-1093 E-mail 電郵: admdept@elchk.org.hk Website 網址: www.elchk.org.hk/service