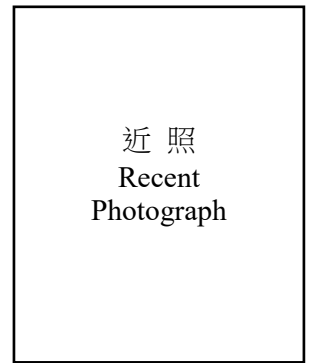




申請應考香港牙醫管理委員會
2023 年度許可試 (第一次考試)
(第一部分:筆試)

APPLICATION TO SIT THE LICENSING EXAMINATION
2023 (FIRST SITTING) OF THE DENTAL COUNCIL OF HONG KONG
(Part I : Written Test)

表格 2 (舊生 / 重考生適用)
Form 2 (for old / re-sit candidates)



I. 個人資料

PERSONAL PARTICULARS

稱謂: 先生 小姐 女士 太太
Title: Mr Miss Ms Mrs

姓名
Name: _____ (_____)
姓(英文) 名(英文) 中文姓名(如有)
Surname in English Given name(s) in English Name in Chinese (if applicable)

香港身份證號碼: _____ 或 護照號碼: _____
HKID Card No.: _____ or Passport No.: _____

或 往來港澳通行證號碼:
or Exit/Entry Permit for Travelling to and from Hong Kong and Macau No.: _____

本人現按照香港法例第156章《牙醫註冊條例》第4A條申請參加牙醫管理委員會舉辦的許可試。
I apply to sit the Licensing Examination of the Dental Council of Hong Kong in accordance with section 4A of the Dentists Registration Ordinance, Cap. 156, Laws of Hong Kong.

住址:
Residential Address: _____

通訊地址:
Correspondence Address: _____
(如與住址不同)
(if different from residential address)

電話號碼: _____ 傳真號碼: _____
Tel. No.: _____ Fax No.: _____

電郵:
E-mail: _____

II. 牙醫註冊及執業

DENTAL REGISTRATION AND PRACTICE

(i) 本人**從沒有**在任何地方的牙醫管理委員會／管理局註冊及執業。
I have **never** been registered with any dental council/board in any place for practising dentistry.

(ii) 本人**曾經**在下列地方註冊為牙醫 (列出**所有**曾經註冊為牙醫的地方) –
I **have been** registered in the following places (set out **ALL** places in which you have been registered)

● 國家／地區 : _____
Country/Place
註冊／發牌當局 : _____
Registration/Licensing Authority
註冊期間 : _____ 至 _____
Period of Registration to
現時仍註冊 : 是 Yes 否 No
Currently Registered

● 國家／地區 : _____
Country/Place
註冊／發牌當局 : _____
Registration/Licensing Authority
註冊期間 : _____ 至 _____
Period of Registration to
現時仍註冊 : 是 Yes 否 No
Currently Registered

● 國家／地區 : _____
Country/Place
註冊／發牌當局 : _____
Registration/Licensing Authority
註冊期間 : _____ 至 _____
Period of Registration to
現時仍註冊 : 是 Yes 否 No
Currently Registered

● 國家／地區 : _____
Country/Place
註冊／發牌當局 : _____
Registration/Licensing Authority
註冊期間 : _____ 至 _____
Period of Registration to
現時仍註冊 : 是 Yes 否 No
Currently Registered

● 國家／地區 : _____
Country/Place
註冊／發牌當局 : _____
Registration/Licensing Authority
註冊期間 : _____ 至 _____
Period of Registration to
現時仍註冊 : 是 Yes 否 No
Currently Registered

III. 品格

CHARACTER

犯罪紀錄 / 專業失當行為

Conviction / Professional Misconduct

- (i) 本人 曾經 / 從來沒有在香港或其他地方被裁定犯任何可判處監禁的罪行(如曾被定罪，請提供詳細資料)。

I **have** / **have never** been convicted in Hong Kong or elsewhere of any offence punishable with imprisonment (please provide details if having been convicted before).

- (ii) 本人 曾經 / 從來沒有被裁定犯了專業上的失當行為；

I **have** / **have never** been found guilty of misconduct in a professional respect.

- (iii) 本人 現時為 / 現時並非為專業團體進行紀律處分程序的人士。
(在適用的情況下，請提供有關詳情)

I **am** / **am not** subject to disciplinary proceedings by a professional body as at to-date.
(please provide details as appropriate)

IV. 聲明
DECLARATION

本人

I

姓(英文)
Surname in English

名(英文)
Given name(s) in English

持有 香港身份證號碼: _____ 或 護照號碼:
holder of HKID Card No.: _____ or Passport No.: _____

或 往來港澳通行證號碼:
or Exit/Entry Permit for Travelling to and from Hong Kong and Macau No.: _____

聲明在此申請所提供之所有資料及文件，均屬**真實**及**正確**。
declare that all information and documents provided for this application are **true** and **accurate**.

考生簽署：
Applicant's Signature : _____

上述聲名於 _____ 在 _____
Declared on _____ at _____
(日期 Date)

在本人面前提出。
Before me.

簽署：
Signature : _____

姓名：
Name : _____

- | | |
|--|---|
| <input type="checkbox"/> 律師
Solicitor | <input type="checkbox"/> 公證人
Notary Public |
| <input type="checkbox"/> 監誓員
Commissioner for Oaths | <input type="checkbox"/> 太平紳士
Justice of the Peace |

身份：
Position : _____

地址：
Address : _____

電話號碼：
Tel. No.: _____

電郵：
Email : _____

注意: 請在適當方格內填上「✓」號
Note: Please tick as appropriate

用途聲明

收集資料的目的

1. 個人向香港牙醫管理委員會提供個人資料，是用作申請報考香港牙醫管理委員會舉辦的許可試。個人資料的提供，出於自願。可是，如果你不提供充份資料，我們可能無法處理你的申請。

接受轉介人的類別

2. 你所提供的個人資料，主要由香港牙醫管理委員會內部使用，但亦可能因以上第一段所列目的，向其他政府政策局／部門、中介機構或行政管理機構披露。你的個人資料祇會在你同意，又或是《個人資料（私隱）條例》所容許下，才會向其他人士披露。

查閱個人資料

3. 根據《個人資料（私隱）條例》第18條及22條以及附表1第6原則所述，你有權查閱及修正個人資料，包括有權取得你於以上第1段所述的情況所提供的個人資料。應查閱資料要求而提供資料時，可能要徵收費用。

查詢

4. 有關所提供個人資料（包括查閱及修正該等資料）的查詢，應送交：

香港黃竹坑道99號
香港醫學專科學院賽馬會大樓4樓
香港牙醫管理委員會秘書
電話：(852) 2873 5862
傳真：(852) 2554 0577

Statement of Purposes

Purpose of Collection

1. The personal data are provided by individual to the Dental Council of Hong Kong for the purpose of application to sit the Licensing Examination. The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to process your application to sit the Licensing Examination.

Classes of Transferees

2. The personal data you provide are mainly for use within the Dental Council of Hong Kong but they may also be disclosed to other Government bureaux/departments, agencies or authorities for the purposes mentioned in paragraph 1 above, if required. Such data will 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.

Access to Personal Data

3. 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.

Enquiries

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

Secretary, Dental Council of Hong Kong
4/F, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road
Hong Kong
Tel No.: (852) 2873 5862
Fax No.: (852) 2554 0577