

THE DENTAL COUNCIL OF HONG KONG

Application for Certificate of Standing for Registered Dental Care Professionals

Part I: Personal Particulars

Name of Registrant: _____

Registration No.: _____

Class of Dental Care Professionals: Dental Hygienist

HKID No. / Passport No.: _____

Telephone No.: _____

Email: _____

Part II: Information of the Recipient of the Certificate

Please send the Certificate of Standing to the following recipient(s):
(You may tick more than one box.)

☐ Local/Non-local Organization

Name: _____

☐ ***By Post***

Address: _____

****and/or***

☐ ***By Email***

Email Address: _____

☐ Registrant

☐ ***By Post***

Address: _____

☐ ***By Email***

Email Address: _____

**Please delete where appropriate.*

Signature : _____

Date : _____

Personal Information Collection Statement

Purpose of Collection

1. The personal data you provide will be used for purpose of facilitating the provisions of the Dentists Registration Ordinance (“DRO”). It is voluntary for you to provide your personal data. However, if you do not provide sufficient information, we may not be able to process your application.

Transfer to Others

2. The personal data you provide will be used mainly by the Dental Council of Hong Kong (“Dental Council”). They may also be disclosed to other persons, bodies or authorities for the purposes set out in paragraph 1 above or in circumstances permitted under the Personal Data (Privacy) Ordinance.

Dental Council may provide information to Secretary for Health

3. Pursuant to section 5AB of the DRO, the Dental Council may provide any information to the Secretary for Health if the Secretary for Health requests the information for the formulation of health care policies.

Access to Personal Data

4. You have a right to request access to and correction of your personal data held by us. A fee may be charged for such access or correction. Request for access or correction should be made in writing to:

Secretary, The Dental Council of Hong Kong
c/o Central Registration Office
17/F, Wu Chung House
213 Queen’s Road East
Wanchai, Hong Kong

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Guidance Note

1. A registrant may apply for issue of the Certificate of Standing to local/non-local organizations and/or the registrant himself/herself. If the Certificate of Standing is to be issued to a local/non-local organization on application, copy of which will be sent to the registrant at his/her contact address in Hong Kong for information.
2. A registrant should submit completed application form and a crossed cheque or banker's draft for HK\$1,150* for each Certificate of Standing, payable to "The Government of the HKSAR" or "The Government of the Hong Kong Special Administrative Region" to:

Secretary, The Dental Council of Hong Kong
c/o Central Registration Office
17/F, Wu Chung House
213 Queen's Road East
Wanchai, Hong Kong

[*Fee subject to revision]

3. Additional fee is applicable for issue of Certificate of Standing to more than one recipient.
4. Enquiries should be directed to the Central Registration Office at 2116 2758.