

To: Director of Health
(c/o Programme Management and Vaccination Division)
Fax: 2984 9608
Email: pilotsiv@dh.gov.hk
(Please return on or before 4 September 2020)

Request to Add Scheme/ Programme for
2020/21 Seasonal Influenza Vaccination (SIV) School Outreach (Free of Charge)

Name of Enrolled Doctor	:	_____
SPID	:	_____
Name of Medical Organisation	:	_____
Type(s) of Outreach*	:	<input type="checkbox"/> Primary School Outreach <input type="checkbox"/> KGCCC Outreach <i>*please put a "✓" into the appropriate box(es).</i>

Practice details

[N.B. The practice must be already enrolled under the Vaccination Subsidy Scheme (VSS). If it is a new practice, please also submit the "Change Request to Change Particulars Enrolled Health Care Provider (EHCP) under the Health Care Voucher Scheme" form to add the practice under VSS.]

Practice Name	(in English)	:	_____
	(in Chinese)	:	_____
Practice Address	(in English)	:	_____
	(in Chinese)	:	_____
Practice Tel. No.		:	_____

NOTE: By providing the information on the practice, the service provider is deemed to have accepted the terms and conditions of the Vaccination Subsidy Scheme and 2020/21 Seasonal Influenza Vaccination (SIV) School Outreach (Free of Charge). The terms and conditions, schedule of the scheme and the Doctor's Guide have been uploaded to the website of the Centre for Health Protection (<http://www.chp.gov.hk>).

(Official Stamp)

Signature of Enrolled Doctor	Authorised Signature for and on behalf of the Medical Organisation
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Name in Block Letters	Name in Block Letters (Authorised Signatory)
Date: _____	Date: _____

Statement of purpose

Purposes of Collection

1. The personal data provided will be used by the Department of Health for one or more of the following purposes:
 - (a) processing of payment, and the administration and monitoring of the concerned schemes/programme;
 - (b) Government programmes to promote primary care;
 - (c) for statistical and research purposes; and
 - (d) any other legitimate purposes as may be required, authorized or permitted by law.
2. The provision of personal data in the application form is voluntary. If you do not provide sufficient information, the Government may not be able to update the change of your particulars in relation to your enrolment.

Classes of Transferees

3. The personal data you provide are mainly for use within the Department of Health but they may also be disclosed to other Government bureaux and departments, respective professional regulatory board and council and other organisations for the purpose stated in paragraph 1 above, if required.

Access to Personal Data

4. You have a right to request access to and to request the correction of your personal data under Sections 18 and 22 and Data Protection Principle 6, Schedule 1 of the Personal Data (Privacy) Ordinance. A fee may be imposed for complying with a data access request.

Enquiries

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

Executive Officer
Programme Management and Vaccination Division
Department of Health
2/F, Centre for Health Protection
147C Argyle Street, Kowloon
(Tel.: 2125 2125; Fax: 2713 9576)