

This application form is to be filled in electronically via the eHRSS, hence printed and signed. The completed and duly signed form has to be submitted together with other supporting documents to the SCPPP Programme Office.

Appendix A

APPLICATION FORM

Application for Joining as an Enrolled Doctor in the Pilot Public-Private Partnership Programme on Smoking Cessation

Enrolment reference number* : _____ SCP12345 _____

(*This number is generated by the system automatically.)

To: The Government of the Hong Kong Special Administrative Region (“Government”) as represented by the Director of Health

I, the person whose particulars are set out in Section (A) of Part I below (“**Applicant**”), hereby apply to the Government to join as an Enrolled Doctor in the Pilot Public-Private Partnership Programme on Smoking Cessation (“**SCPPP**”).

Unless otherwise expressly stated, the definitions and rules and interpretation as set out in the Terms and Conditions of Agreement for the Pilot Public-Private Partnership Programme on Smoking Cessation (Appendix C) shall apply to this Application Form (Appendix A) accordingly.

Part I – Particulars of the Applicant, the Health Care Provider and the Health Care Institution

(A) Personal Particulars

Name of Applicant (as shown on the Hong Kong Identity Card)

(English): _____ CHAN TAI MAN _____ (Chinese): _____ 陳大文 _____

Hong Kong Identity Card No.: _____ A123456(7) _____

(Please provide a copy of the Hong Kong Identity Card of the Applicant.)

Correspondence address: _____ 10/F, ABC Medical Centre, Healthy Road, Wai Chai, Hong Kong _____

(Please provide address proof of the Applicant, e.g. copy of public utility bill or bank statement, issued within the last 3 months before the application date.)

Email address: _____ tmchan@abcmedicalcentre.com _____

Telephone number: _____ 23456789 _____

Fax number: _____ 23456788 _____ (optional)

(B) Professional Particulars

I am practising as a registered medical practitioner within the meaning of the Medical Registration Ordinance (Cap. 161), and I hold a valid practising certificate issued under the Medical Registration Ordinance (Cap. 161) (Registration Number* : M99999)

* *Registration Number is the number assigned by The Medical Council of Hong Kong to the Applicant upon registration.*

(C) Registration in the Electronic Health Record Sharing System (“eHRSS”)

I have registered in the eHRSS. My Electronic Health Record (“eHR”) User ID is: 9876543211

(D) Enrolment in the Primary Care Directory (“PCD”)

I have enrolled in the PCD.

(E) Attendance of the Refresher Course on Smoking Cessation

I have attended the refresher course on smoking cessation as specified by the Department of Health.

(F) Health Care Provider

(If the Applicant has more than one Health Care Provider, a separate Application Form (Appendix A) should be submitted for each of the Health Care Providers of the same Applicant.)

Name of Health Care Provider

(English): ABC Medical Centre

(Chinese): 陳大文醫療中心

Correspondence address: 10/F, Healthy Building, Healthy Road, Wai Chai, Hong Kong

(Please provide address proof of the Health Care Provider, e.g. copy of public utility bill or bank statement, issued within the last 3 months before the application date.)

Business Registration Number: 12345678-910-11-12-A
(Please provide a copy of the Business Registration Certificate of the Health Care Provider.)

eHR “Healthcare Provider Identifier” (HCP ID): 2000200020

(G) Relationship between the Applicant and the Health Care Provider

The relationship between the Applicant and the Health Care Provider is:

- the Applicant is the sole proprietor of the Health Care Provider
- the Applicant is a partner of the Health Care Provider
- the Applicant is a shareholder of the Health Care Provider
- the Applicant is a director of the Health Care Provider
- the Applicant is an employee of the Health Care Provider
- others (please specify): _____

(H) Health Care Institution (“HCI”)

(1) Name of HCI (English): ABC Medical Centre

Name of HCI (Chinese): 陳大文醫療中心

Address (English): 10/F, Healthy Building, Healthy Road, Wai Chai, Hong Kong

Address (Chinese): 香港灣仔健康道健康大廈 10 樓

District: Wan Chai (according to District Administration delineation)

Telephone number: 23456789

Bank account number[#]: 002-1234567

eHR “Healthcare Institution Identifier” (HCI ID): 2111211121

[#] The Applicant should specify ONE bank account for each HCI in the Authorisation Form for Payment of Subsidy to a Specified Bank Account (Appendix B). If different bank accounts are intended to be used in respect of different HCIs (whether or not the HCIs belong to the same or different Health Care Provider(s)), a separate Authorisation Form for Payment of Subsidy to a Specified Bank Account (Appendix B) should be submitted for each of the HCIs and the corresponding bank accounts.

NOTES:

The enrolment status in the SCPPP of the HCI will be published in the Primary Care Directory on the internet for reference by the public.

Part II - Undertaking and Declaration

By submitting this Application Form (Appendix A), I, the Applicant,/we, the Applicant and the Health Care Provider (as the case may be) with particulars as set out in Part I of this Application Form (Appendix A) hereby acknowledge, confirm, undertake, warrant, declare and agree/jointly and severally acknowledge, confirm, undertake, warrant, declare and agree with continuing effect as follows:

- (1) we have carefully read and fully understood the terms and conditions set out in the Transaction Documents (including but not limited to this Undertaking and Declaration);
- (2) the Applicant is eligible to apply for enrolment in the SCPPP;
- (3) all information and documents provided to the Government in or with this Application Form (Appendix A) and the Authorisation Form for Payment of Subsidy to a Specified Bank Account (Appendix B) and from time to time in relation to the Applicant's and the Health Care Provider's enrolment in the SCPPP are up-to-date, true, accurate and complete in all respects;
- (4) I/we have not withheld, nor is/are aware of, any material facts or circumstances that have not been disclosed to the Government which may influence the assessment of this application or the decision of the Government in considering whether or not to approve this application;
- (5) this application may not be processed by the Government if any of us fails to provide all information and documents required by the Government;
- (6) I/each of us shall submit to the Government such other information and documents as the Government may require from time to time in relation to this application;
- (7) I/each of us shall inform the Programme Office in writing within 7 days after any change arises in any information or document submitted in relation to this application or if any such information is no longer applicable, up-to-date, true, accurate or complete, or of any material change in circumstances affecting the Applicant's eligibility for enrolment in the SCPPP or otherwise this application including any incidents of professional misconduct or

negligence (substantiated or alleged);

- (8) the Applicant must be a holder of a valid practising certificate under the Medical Registration Ordinance (Cap. 161) at the time of this application;
- (9) I/we will be regarded to have agreed to all terms and conditions set out in the Transaction Documents. If this application is successful and the Government accepts the Applicant's application for enrolment as an Enrolled Doctor under the SCPPP, I/each of us shall comply at all times with all the terms and conditions of the Transaction Documents and the Agreement until such time when the Applicant ceases to be an Enrolled Doctor;
- (10) no error, mistake, neglect or failure by me/us shall affect any provision of the Transaction Documents (including the Agreement) or relieve me/us from any of my/our obligations or liabilities under the Transaction Documents (including the Agreement);
- (11) the Health Care Provider set out in Section (D) of Part I of this Application Form (Appendix A) is not a public sector organisation operating clinics under the Department of Health or the Hospital Authority;
- (12) the Government, any of its employees, officers or agents (including the Director of Health) and any other persons authorised by the Government shall have full access to and may transfer and use the Applicant's personal data provided in relation to the SCPPP for the purposes set out in the Statement of Purpose in Part V of this Application Form (Appendix A). The word "use" shall have the meaning given to it under the Personal Data (Privacy) Ordinance (Cap. 486);
- (13) the Applicant hereby gives consent to The Medical Council of Hong Kong to release at any time the Applicant's personal data to the Director of Health, Government, any employees, officers or agents of the Government and any other person authorised by the Government for the purpose of checking eligibility of the Applicant to enrol in the SCPPP and, where necessary, for a verification procedure to be carried out for that purpose;
- (14) non-disclosure or misrepresentation of any information or documents required or provided in connection with this application by any of us shall entitle the Government to reject this application;
- (15) if any information, undertaking, warranty or declaration given by me/any of us in this Application Form (Appendix A) is not up-to-date, true, accurate or complete or if I/any of us breaches or fails to comply with any provision of this Undertaking and Declaration, without prejudice to any powers, rights, remedies and claims that the Government may

have under this Undertaking and Declaration or in law, the Government shall be entitled to immediately reject this application or cancel the Applicant's enrolment in the SCPPP if this application has already been approved;

- (16) the authorised signatory(ies) stated in Part IV of this Application Form (Appendix A) is/are duly authorised by the Health Care Provider to execute this Application Form (Appendix A) for and on behalf of the Health Care Provider and to bind the Health Care Provider by his/their signature(s) to the terms and conditions of the Transaction Documents;
- (17) this Undertaking and Declaration shall be governed by and construed in accordance with the laws of Hong Kong and each of us shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong; and
- (18) the Government retains the ultimate discretion to approve, reject, withhold or cancel any application submitted by the Applicant.

Part III - Government Disclaimers

- (1) Whilst the information provided by the Government in this Application Form (Appendix A), the Authorisation Form for Payment of Subsidy to a Specified Bank Account (Appendix B) and the Terms and Conditions of Agreement for the Pilot Public-Private Partnership Programme on Smoking Cessation (Appendix C) (collectively, the "Transaction Documents") has been prepared in good faith, the Government does not warrant or represent that such information is comprehensive, complete, true or accurate, or has been independently verified. Neither the Government nor any of its officers, employees, agents or advisors shall be under any liability or responsibility whatsoever as to, or in relation to, the adequacy, completeness, truthfulness, accuracy or validity of the information contained in the Transaction Documents or any other written or oral information which is, has been or will be provided or made available to any Applicant or Health Care Provider in relation to the SCPPP; nor do they make any representation, statement or warranty, express or implied, with respect to such information or to the information on which the Transaction Documents is based; nor shall they be liable for the omission of any information from the Transaction Documents. Nothing in the Transaction Documents nor in any other written or oral information which is, has been or will be provided or made available to any Applicant or Health Care Provider in relation to the SCPPP should be treated as or relied on as a representation, statement or warranty as to the intention, policy or action, whether at present or in future, of the Government, its officers, employees or agents.

- (2) No invitation by the Government, its officers, employees or agents, for the submission of applications/Application Forms (Appendix A) under the SCPPP constitutes an offer.
- (3) By submitting an Application Form (Appendix A), the Applicant/the Applicant and the Health Care Provider as stated in Part I of the Application Form (Appendix A) will be regarded to have acknowledged and accepted all of the disclaimers in this Part III of the Application Form (Appendix A).

SAMPLE

Personal Information Collection Statement

Statement of Purpose

Purposes of Collection

- (1) Any information, including the personal data provided to the Government in connection with any application for enrolment in the SCPPP will be used by the Government for one or more of the following purposes:
 - (a) processing the application for enrolment in the SCPPP including but not limited to a verification procedure with data kept by The Medical Council of Hong Kong;
 - (b) administration, monitoring, auditing and evaluation of the SCPPP including but not limited to processing subsidy payment, providing necessary health care service and continuity of care to participant, and investigation of incidents and complaints;
 - (c) statistical, programme monitoring, evaluation and research purposes; and
 - (d) any other legitimate purposes as may be required, authorised or permitted by law.
- (2) The provision of any information, including the personal data is voluntary. However, if you do not provide sufficient information, we may not be able to process your application.

Classes of Transferees

- (3) The personal data you provide are mainly for use within the Government but they may also be disclosed by the Government to other persons, organisations, professional regulatory boards and councils, and third parties for any of the purposes stated in paragraph (1) above, if required.

Access to Personal Data

- (4) You have a right to request access to and correction of your personal data under sections 18 and 22 and Data Protection Principle 6, Schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). A fee may be imposed for complying with a data access request.

Enquiries

Enquiries concerning the personal data provided, including the making of access and correction, should be addressed to the following officer of the Department of Health:

Executive Officer

Primary Care Office, Department of Health

Room 1008, 10/F, Guardian House, 32 Oi Kwan Road, Wan Chai, Hong Kong

Tel no.: 3576 3658