**(For application for Access to HADCL Self-service Data Platform)**

**Information of Authorised Person**

**Personal Information Collection Statement**

The personal data provided in this form will be used by the Hospital Authority (“HA”) for ascertaining, identifying and verifying your identity and other administrative purposes in connection with your access to the HA data through the self-service data platform of the HA Data Collaboration Laboratory (“HADCL”). Please note that it is mandatory to provide all the personal particulars required below. Failure to provide such data may delay the processing and affect the outcome of your requests. Apart from processing of your personal data for the aforesaid purposes, the HA will not disclose your personal data to any other parties or use for other purposes without your consent. Under the Personal Data (Privacy) Ordinance, the applicant may access or correct the personal data provided by sending an e-mail to the HADCL Office at HADCL@ha.org.hk. Please refer to the Privacy Policy of the HA Corporate Website (<https://www3.ha.org.hk/data/Home/PrivacyPolicy/>) for details of our privacy policy.

[ ]  I accept and agree to the Personal Information Collection Statement.

**Personal Particulars**

|  |  |
| --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Post / Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department/Faculty (Univeristy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(HKU) |
| Identification documentation (ID): | \* Staff ID / Student ID (for research student only) |
| ID number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ID validity period: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*\* Please delete as appropriate.*

**Please choose a location for access to Self-service Data Platform#:**

[ ]  HA Data Collaboration Laboratory

[ ]  University’s remote access site

*# Please tick only one (1) box. In case of any subsequent change of your preferred location for access, please contact the Hospital Authority at* *hadcl@ha.org.hk* *for approval.*

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| **Purpose of Application** (Please tick the appropriate box and elaborate the purpose within 200 words.)[ ] Draft hypothesis / research proposal[ ] Conduct research study\* (Research title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)*\* Ethics approval is required.* |
|  |
| Number of access days required (max. 5 days): | \_\_\_\_\_\_\_\_\_\_\_Days |
| Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Support from Supervisor** |  |
| Name of supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Post / Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department/Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |