

**ALLIED HEALTH PROFESSIONS COUNCIL**

**Application for Limited Registration (Radiographer)**

**under section 13A of Allied Health Professions Ordinance, Cap. 359 and Radiographers (Registration and Disciplinary Procedure) Regulation, Cap. 359H**

I hereby apply for registration as a radiographer with limited registration under section 13A of the Allied Health Professions Ordinance and request that my name be placed on Part V of the Register in^:

Category D (Diagnostic)

Category T (Therapeutic)

2. My personal particulars are as follows –

Surname (English): ..... (Chinese): .....

Given name (English): ..... (Chinese): .....

3. Gender: \* Male / Female Date of birth (DD/MM/YYYY): .....

Hong Kong Identity Card No.: .....

Passport No.: ..... issued by (issuing authority).....

Contact Telephone No.: ..... Email Address: .....

Contact Address (English): .....

Contact Address (Chinese): .....

4. I have been selected for full-time employment as a radiographer under limited registration in the following institution for the employment period as specified in the Certification of Employment:

Name of the employing institution: .....

Nature of duties and scope of work to be performed (please specify area of practice):

.....  
.....  
.....  
.....

5. I hold the following qualifications outside Hong Kong which are considered sufficient to perform the scope of work of the employment (please state qualifications obtained in chronological order):

Qualification	Issuing Authority	Date of Issue

6. I possess a valid certificate issued by a recognized body (e.g. registration of radiographer) to practise the profession of radiographer, constituting sufficient evidence of my competency to practise the profession:

State/Place/ Territory/ Jurisdiction	Title	Registration / Issuing Authority	Registration / Reference No.	Period	
				From (DD/MM/YYYY)	To (DD/MM/YYYY)

7. I have the following full-time post qualification professional experience that is relevant to the employment (please state professional experience obtained in chronological order):

Post Title	Name of Organization/Company	Working Period	
		From (DD/MM/YYYY)	To (DD/MM/YYYY)

8. I declare that:

- (a) I \*†have/have **never** been convicted of an offence **punishable** with imprisonment (irrespective of whether actually sentenced to imprisonment) in **Hong Kong or elsewhere**.
- (b) I \*have/have **never** been found guilty of unprofessional conduct in **Hong Kong or elsewhere**.
- (c) I \*am/am **not** currently the subject of criminal or disciplinary proceeding(s) in **Hong Kong or elsewhere**.



## **Personal Information Collection Statement**

### Purpose of Collection

1. The personal data you provide will be used for purposes directly related to your application for registration as a registrant under the Allied Health Professions Ordinance (“AHPO”), Cap. 359, Law of Hong Kong. It is mandatory for you to provide your personal data. If you do not provide sufficient information, we may not be able to process your application.

### Disclosure to the Public

2. In accordance with section 11 of the AHPO, as soon as may be after 1 July of every year, the secretary shall prepare and publish in the Gazette, lists of the names, addresses, qualifications and dates of the qualifications of all persons whose names appear on the register maintained by the secretary, on 1 July immediately preceding the publication of such list.

3. The information published in the Gazette will also be published in the website of the Board of respective profession.

### Transfer to Others

4. The personal data you provide will be used mainly by the Allied Health Professions 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.

### Allied Health Professions Council may provide information to Secretary for Health

5. Pursuant to section 34 of the AHPO, the Allied Health Professions 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

6. 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:-

Allied Health Professions Council,  
c/o Central Registration Office  
17/F, Wu Chung House 213, Queen’s  
Road East Wanchai, Hong Kong