

Education Bureau

Request Form for a Copy of Audiological Report

Part A: Personal Information Collection Statement

Purpose of Collection

1. The personal data provided by you in this form will be used by the EDB for one or more of the following purposes:
 - (a) Activities relating to the processing, authentication and assessment on eligibility and counter-checking of the form for individual grant and subsidy as well as education service provided by the EDB;
 - (b) Activities relating to matching of the personal data with the database of other relevant Government bureaux / departments in connection with the processing, authentication, assessment on eligibility and counter-checking of the form mentioned in (a) above;
 - (c) Activities relating to matching of the personal data within the database of EDB for purposes of verifying / updating records of the EDB; and
 - (d) Activities relating to compilation of statistics, research and Government publications.
2. The provision of personal data required by this form and during the processing of this form is obligatory. In the event that you do not provide those personal data, we may not be able to handle or further process the form.

Classes of Transferees

3. The personal data you provide will be made available to persons working in EDB. Apart from this, they may be transferred or disclosed to the parties or in the circumstances listed below:
 - (a) other Government bureau and departments for the purposes mentioned in paragraph 1 above;
 - (b) the school in which the form relates for the purposes mentioned in paragraph 1 above;
 - (c) where you have given your prescribed consent to such disclosure; and
 - (d) where such disclosure is authorised or required under the law or court order applicable to Hong Kong.

Access to Personal Data

4. You have the right to request access to and correction of your personal data held by EDB. Request for access or correction of personal data should be made in writing to Assistant Clerical Officer (Educational Audiology Service)1 of Educational Audiology Service Section at RoomW242, West Block, Education Bureau Kowloon Tong Education Services Centre, 19 Suffolk Road, Kowloon Tong, Kowloon or email to eass@edb.gov.hk.

Part B: Information of the Applicant (To be provided by the applicant)

Please provide the necessary information on the lines, and put a ✓ in the appropriate :

Name of Student: (English) _____
(Chinese) _____

Date of Birth: _____ / _____ / _____ Identity Document No.: _____
(day) (month) (year)

Date around which or period within which the requested report was issued: _____
(If not specified, the latest available version will be provided.)

1. I am **the above student**. A copy of my identity card is hereby attached for obtaining a copy of my audiological report from the Education Bureau.
- I am the **father** / **mother** of the above student. The following documents are hereby attached to show my parental status for the above student: (1) Copy of my identity card, and (2) Copy of the birth certificate or other document(s) of the above student, for obtaining a copy of the audiological report of the above student from the Education Bureau.
- I am the **guardian** of the above student (relationship with the student: _____). The following documents are hereby attached to show my status as the guardian of the above student: (1) Copy of my identity card, and (2) Copy of the birth certificate or other document(s) of the above student, and (3) the following documents, for obtaining of a copy of the audiological report of the above student from the Education Bureau:
- Copy of the identity card of the father / mother of the above student
- Copy of other document(s): _____
- _____

2. When a copy of the report is ready for collection, please pass it to me by the following method (please choose one):
- Inform me to collect it in person
- Mail it to me by ordinary post (Please write the name and local mailing address of the recipient at the following page)

Name of Student: _____ Signature of Applicant: _____

Identity Document No.: _____ Type of Identity Document: _____

Local Contact Telephone No.: _____ Date: _____ / _____ / _____
(day) (month) (year)

To be completed by the applicant

If you choose to mail the report to you by ordinary post, please write the name and local mailing address of the recipient in block letters below.

Name : _____

Address : _____

To be completed by the Education Bureau

To applicant:

Attached please find the copy of audiological report of _____ pages.

For enquiries, please contact the Educational Audiology Service Section (Tel: 3698 3909).