

(RESTRICTED)

**Peer audit and supervision on the practice of doctors
Medical Council of Hong Kong**

I am interested to serve as a volunteer supervising doctor and would like to provide relevant information for the consideration of the Medical Council as follows:-

Name (in English)	
Registered number	
Registered address (in English)	
Contact phone number	
Disciplinary record (i.e. whether of good standing)	
Type of practice (i.e. public institution or private practice)	
Specialist status and specialty	
Length of practice experience	
Relevant qualifications	
Experience with the relevant ordinance(s)	

Signature : _____

Name of doctor : _____

Date : _____

Personal Information Collection Statement

Please be advised that it is voluntary for you to supply to us your personal data. All personal data collected by us in the course of our handling of the subject matter will only be used for purposes which are directly related to the appointment of supervising doctors to conduct supervision and audit on doctors. You have the rights to request access to and correction of your personal data held by us. Request for access or correction should be made in writing to the Medical Council Secretariat at 4/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong. The information provided might also be disclosed to Members of the Council and the supervisee doctors concerned for appointment and other related purposes.