



Good Clinical Practice (GCP) Examination Registration Form

Personal Information Collection Statement		
<p>By submitting this Good Clinical Practice (GCP) examination registration form, you (i) express your interest in considering participation in the GCP examination coordinated by The University of Hong Kong Clinical Trials Centre (“HKU-CTC”); (ii) agree HKU-CTC to keep, process and use your information for the purpose relating to your participation in the examination; and (iii) agree HKU-CTC to contact you to participate in the examination, inform you on the examination result and collection of the certificate.</p> <p>Your information provided under this registration will be protected under the Personal Data (Privacy) Ordinance (“Ordinance”). Your information will be kept on a confidential basis by HKU-CTC, will be used only for the aforesaid purposes, and will not be disclosed to any third party without your prior consent. Under the Ordinance, you have the right to request access to and/or correction of your personal data. Any request should be made to HKU-CTC’s Personal Data Protection Coordinator (Email: pdpcctc@hku.hk; Tel: 2255-2550). If you have any question about your rights under the Ordinance, you may contact the Office of the Privacy Commissioner for Personal Data of Hong Kong.</p>		
Name:	(Name to be shown on certificate)	Title:
Position:		
Department:		
Organization:		
Work address:		
Tel:	Mobile:	Email:
Preferred examination date (<i>Please refer to the CTC website for the updated examination schedule</i>):		
(DD) / (MM) / (YYYY)		

Please check as appropriate:

	HKU Staff / HKU Affiliated Hospital staff		Non-HKU Staff / Non-HKU Affiliated Hospital staff	
GCP Examination	<input type="checkbox"/>	FREE Staff No. _____	<input type="checkbox"/>	HK\$2,000

Registration Procedures

Please complete the registration form and return it by fax to 2974-1248; or by email to ctcentre@hku.hk.

For non-HKU/QMH Hospital staff member, please send a cheque made payable to “The University of Hong Kong” together with the registration form to Clinical Trials Centre, 6/F, Block T, Queen Mary Hospital, 102 Pokfulam Road, Hong Kong (Attention: GCP Examination Board).

Examination Arrangement

Confirmation of registration with a confirmed examination timeslot will be sent to you by email upon receipt of registration form and payment.

Enquiry

Please feel free to contact us at 2255-2550.

Signature: _____

Date: _____