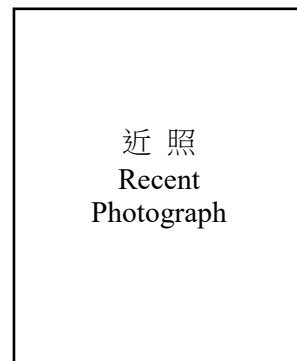




申請應考香港牙醫管理委員會  
2024 年度許可試 (第二次考試)  
(第二部分:實務考試及第三部分:臨床考試)  
APPLICATION TO SIT THE LICENSING EXAMINATION  
2024 (SECOND SITTING) OF THE DENTAL COUNCIL OF HONG KONG  
( Part II : Practical Test and Part III : Clinical Examination )

表格 3  
Form 3



**I. 個人資料**

**PERSONAL PARTICULARS**

稱謂:  先生  小姐  女士  太太  
Title: Mr Miss Ms Mrs

姓名  
Name: \_\_\_\_\_ ( \_\_\_\_\_ )  
姓(英文) 名(英文) 中文姓名(如有)  
Surname in English Given name(s) in English Name in Chinese (if applicable)

香港身份證號碼: \_\_\_\_\_ 或  護照號碼: \_\_\_\_\_  
HKID Card No.: \_\_\_\_\_ or Passport No.: \_\_\_\_\_

或  往來港澳通行證號碼: \_\_\_\_\_  
or Exit/Entry Permit for Travelling to and from Hong Kong and Macau No.: \_\_\_\_\_

本人現按照香港法例第156章《牙醫註冊條例》第4A條申請參加牙醫管理委員會舉辦的許可試。  
I apply to sit the Licensing Examination of the Dental Council of Hong Kong in accordance with section 4A of the Dentists Registration Ordinance, Cap. 156, Laws of Hong Kong.

住址:  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_

通訊地址:  
Correspondence Address: \_\_\_\_\_  
(如與住址不同)  
(if different from residential address)

電話號碼: \_\_\_\_\_ 傳真號碼: \_\_\_\_\_  
Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

電郵:  
E-mail: \_\_\_\_\_

注意:  請在適當方格內填上「✓」號  
Note:  Please tick as appropriate

**II. 申請**  
**APPLICATION**

本人申請應考許可試以下部分 –  
I apply to sit the following part(s) of the Licensing Examination –

2024 年度許可試(第二次考試) (於 2024 年 12 月 17 日至 20 日舉行)  
Licensing Examination 2024 (Second Sitting) (to be held from 17 to 20 December 2024)

- 第二部分: 實務考試  
Part II: Practical Test
- 第二部分: 實務考試 及 第三部分: 臨床考試  
**both** Part II: Practical Test and Part III: Clinical Examination
- 第三部分: 臨床考試 \*  
Part III: Clinical Examination

Remarks:

\*考生必須成功通過第二部分考試，才可在許可試中只報考第三部分考試。

\*For candidates who wish to apply sitting Part III only in any diet of the Examination, they must have first already obtained a pass in Part II.

**選擇語言 Language Preference**

第II部 - 實務考試      Part II - Practical Test

- 粵語 Cantonese       英語 English

第III部 - 臨床考試 (口試部分)      Part III - Clinical Examination (for viva voce parts)

- 粵語 Cantonese       英語 English

### III. 牙醫註冊及執業

#### DENTAL REGISTRATION AND PRACTICE

(i)  本人從沒有在任何地方的牙醫管理委員會／管理局註冊及執業。  
I have **never** been registered with any dental council/board in any place for practising dentistry.

(ii)  本人曾經在下列地方註冊為牙醫 (列出所有曾經註冊為牙醫的地方) –  
I **have been** registered in the following places (set out ALL places in which you have been registered) –

● 國家／地區 : \_\_\_\_\_  
Country/Place : \_\_\_\_\_  
註冊／發牌當局 : \_\_\_\_\_  
Registration/Licensing Authority : \_\_\_\_\_  
註冊期間 : \_\_\_\_\_ 至 \_\_\_\_\_  
Period of Registration : \_\_\_\_\_ to \_\_\_\_\_  
現時仍註冊 :  是 Yes  否 No  
Currently Registered : \_\_\_\_\_

● 國家／地區 : \_\_\_\_\_  
Country/Place : \_\_\_\_\_  
註冊／發牌當局 : \_\_\_\_\_  
Registration/Licensing Authority : \_\_\_\_\_  
註冊期間 : \_\_\_\_\_ 至 \_\_\_\_\_  
Period of Registration : \_\_\_\_\_ to \_\_\_\_\_  
現時仍註冊 :  是 Yes  否 No  
Currently Registered : \_\_\_\_\_

● 國家／地區 : \_\_\_\_\_  
Country/Place : \_\_\_\_\_  
註冊／發牌當局 : \_\_\_\_\_  
Registration/Licensing Authority : \_\_\_\_\_  
註冊期間 : \_\_\_\_\_ 至 \_\_\_\_\_  
Period of Registration : \_\_\_\_\_ to \_\_\_\_\_  
現時仍註冊 :  是 Yes  否 No  
Currently Registered : \_\_\_\_\_

● 國家／地區 : \_\_\_\_\_  
Country/Place : \_\_\_\_\_  
註冊／發牌當局 : \_\_\_\_\_  
Registration/Licensing Authority : \_\_\_\_\_  
註冊期間 : \_\_\_\_\_ 至 \_\_\_\_\_  
Period of Registration : \_\_\_\_\_ to \_\_\_\_\_  
現時仍註冊 :  是 Yes  否 No  
Currently Registered : \_\_\_\_\_

● 國家／地區 : \_\_\_\_\_  
Country/Place : \_\_\_\_\_  
註冊／發牌當局 : \_\_\_\_\_  
Registration/Licensing Authority : \_\_\_\_\_  
註冊期間 : \_\_\_\_\_ 至 \_\_\_\_\_  
Period of Registration : \_\_\_\_\_ to \_\_\_\_\_  
現時仍註冊 :  是 Yes  否 No  
Currently Registered : \_\_\_\_\_

注意:  請在適當方格內填上「✓」號  
Note:  Please tick as appropriate

#### IV. 品格

##### CHARACTER

#### 犯罪紀錄 / 專業失當行為

##### Conviction / Professional Misconduct

- (i) 本人  曾經 /  從來沒有在香港或其他地方被裁定犯任何可判處監禁的罪行(如曾被定罪，請提供詳細資料)。

I  **have** /  **have never** been convicted in Hong Kong or elsewhere of any offence punishable with imprisonment (please provide details if having been convicted before).

- (ii) 本人  曾經 /  從來沒有被裁定犯了專業上的失當行為。

I  **have** /  **have never** been found guilty of misconduct in a professional respect.

- (iii) 本人  現時為 /  現時並非為專業團體進行紀律處分程序的人士。  
(在適用的情況下，請提供有關詳情)

I  **am** /  **am not** subject to disciplinary proceedings by a professional body as at to-date.  
(please provide details as appropriate)

**V. 聲明**  
**DECLARATION**

本人  
I

姓(英文)  
Surname in English

名(英文)  
Given name(s) in English

持有  香港身份證號碼: \_\_\_\_\_ 或  護照號碼:  
holder of HKID Card No.: \_\_\_\_\_ or Passport No.: \_\_\_\_\_

或  往來港澳通行證號碼:  
or Exit/Entry Permit for Travelling to and from Hong Kong and Macau No.: \_\_\_\_\_

聲明在此申請所提供之所有資料及文件，均屬**真實**及**正確**。  
declare that all information and documents provided for this application are **true** and **accurate**.

考生簽署：  
Applicant's Signature : \_\_\_\_\_

\*\*\*\*\*

上述聲明於 \_\_\_\_\_ 在 \_\_\_\_\_  
Declared on \_\_\_\_\_ at \_\_\_\_\_  
(日期 Date)

在本人面前提出。  
Before me.

簽署：  
Signature : \_\_\_\_\_

姓名：  
Name : \_\_\_\_\_

律師  
Solicitor

公證人  
Notary Public

身份：  
Position :  監誓員  
Commissioner for Oaths

太平紳士  
Justice of the Peace

地址：  
Address : \_\_\_\_\_

電話號碼： \_\_\_\_\_ 電郵：  
Tel. No.: \_\_\_\_\_ Email : \_\_\_\_\_

注意:  請在適當方格內填上「✓」號  
Note:  Please tick as appropriate

## 用途聲明

### 收集資料的目的

1. 個人向香港牙醫管理委員會提供個人資料，是用作申請報考香港牙醫管理委員會舉辦的許可試。個人資料的提供，出於自願。可是，如果你不提供充份資料，我們可能無法處理你的申請。

### 接受轉介人的類別

2. 你所提供的個人資料，主要由香港牙醫管理委員會內部使用，但亦可能因以上第一段所列目的，向其他政府政策局／部門、中介機構或行政管理機構披露。你的個人資料只會在你同意，又或是《個人資料（私隱）條例》所容許下，才會向其他人士披露。

### 查閱個人資料

3. 根據《個人資料（私隱）條例》第18條及22條以及附表1第6原則所述，你有權查閱及修正個人資料，包括有權取得你於以上第1段所述的情況所提供的個人資料。應查閱資料要求而提供資料時，可能要徵收費用。

### 查詢

4. 有關所提供個人資料（包括查閱及修正該等資料）的查詢，應送交：

香港黃竹坑道99號  
香港醫學專科學院賽馬會大樓4樓  
香港牙醫管理委員會秘書  
電話：(852) 2873 5862  
傳真：(852) 2554 0577

## Statement of Purposes

### Purpose of Collection

1. The personal data are provided by individual to the Dental Council of Hong Kong for the purpose of application to sit the Licensing Examination. The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to process your application to sit the Licensing Examination.

### Classes of Transferees

2. The personal data you provide are mainly for use within the Dental Council of Hong Kong but they may also be disclosed to other Government bureaux/departments, agencies or authorities for the purposes mentioned in paragraph 1 above, if required. Such data will only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

### Access to Personal Data

3. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasions as mentioned in paragraph 1 above. A fee may be imposed for complying with a data access request.

### Enquiries

4. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to :

Secretary, Dental Council of Hong Kong  
4/F, Hong Kong Academy of Medicine Jockey Club Building  
99 Wong Chuk Hang Road  
Hong Kong  
Tel No.: (852) 2873 5862  
Fax No.: (852) 2554 0577