

Nomination Form-Departmental Safety Representative (DSR)

To: Safety Office	
Please note that I have be ("DSR"). Details are as fo	een nominated as the Departmental Safety Representative llows:
*Name:	
*Position:	
Faculty/Department/Unit:	
*Email Address:	
*Phone No.:	
Effective Date:	
DSR Replaced [†] :	
Date of Submission:	

The University of Hong Kong Safety Office Personal Information Collection Statement, Nomination form - Departmental Safety Representative (DSR). The personal data you may choose to provide in your nomination form will be used by Safety Office to facilitate communication and arrangements with operational units on safety matters. The personal data will not be transferred and disclosed to the University's faculties/schools/departments/other offices and work units/staff members. Unless you provide your consent in advance it will not be transferred or disclosed to other organisations, agencies and persons in or outside Hong Kong (e.g. service providers engaged by the University). In handling the personal data provided, the requirements of the Personal Data (Privacy) Ordinance ("Ordinance") and other applicable legal requirements of other jurisdictions will be strictly complied with. You have the right to

[†] Please put N/A if not applicable

^{*}Please see personal information collection statement below.

request access to and correction of your personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Please visit the University's Privacy Policy Statement for enquiries or further details. If you choose to provide personal data in connection with your nomination form you will be agreeing to the above statements.