

ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

FORM 1 Application Form

To : The Director of Health

I,

of

on the grounds hereinafter mentioned, hereby apply for —

- (a) a Licence under section 7 of the Animals (Control of Experiments) Ordinance (Cap. 340).
- * (b) an endorsement / thereto / *to my existing Licence No. _____
dated _____ / under section 8 of the said Ordinance.
- (c) a teaching permit under section 9 of the said Ordinance.
- (d) an endorsement to / the said Licence / *my existing Licence No. _____
dated _____ / under section 10 of the said Ordinance.



Grounds for application.



Type of experiment(s).



Purpose of experiment(s).

Place where experiment(s) may be conducted.

Qualifications of Applicant and any posts held.

Dated _____

Signed _____

*Delete as appropriate.

(b) Application for a licence with an “Endorsement to Enable Performance of Experiments without Anaesthetics or without Destroying the Animal” under section 10 of the said Ordinance –

- I confirm that the experiment would necessarily be frustrated by –
- the performance of such experiment under any anaesthetic; **AND/OR**
 - killing the animal on which such experiment is performed before it recovers from the influence of any anaesthetic.

Please indicate why –

-
5. I will not conduct any experiment after the expiry date of **my existing licence** / I have not conducted any experiment after the expiry date of **my previous licence** under the reference number quoted above; **AND** I have been keeping a proper Form 6 / I have kept a proper Form 6 during the validity period of **my previous licence** under the reference number quoted above, in accordance with regulation 4 of the Regulations.

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6. I have read and understood the Personal Information Collection Statement Relating to Licence/ Permit/ Endorsement Issued under the Animals (Control of Experiments) Ordinance, Chapter 340. I agree that my personal data and information may be used for the purposes as set out in the Statement.
- I hereby declare that the information provided in this application is true, complete and accurate.

“Experiment” means any experiment performed on a living vertebrate animal and calculated to give pain (section 2 of the Animals (Control of Experiments) Ordinance, Cap. 340).

Please provide valid contact information for correspondence and inform the Department of Health immediately for any changes of information.

Full name**:

Contact No.:

HK Identity Card/Passport/ Travel Document No.:

Mobile No.:

Email Address:

(Institute/Company chop)***

Signed _____

(Applicant)

** Full name as appears on HK Identity Card/Passport/Travel Document

*** Please obtain an official chop of the Institute/ Company where you are working or studying.

Personal Information Collection Statement
Relating to Licence/ Permit/ Endorsement Issued under
the Animals (Control of Experiments) Ordinance, Chapter 340

Purpose of Collection

1. The personal data are provided by clients with whom the Department of Health (DH) interacts in the delivery of services, and other related activities. The personal data provided will be used by DH for the following purposes:

- (a) processing matters related to licences/ permits/ endorsements;
- (b) recording purposes;
- (c) statistical purposes; and
- (d) for any other purposes permitted by law.

Failure to provide the requested personal data may lead to delay or an inability to process relevant licence/ permit/ endorsement application.

Classes of Transferees

2. The personal data you provided will be kept confidential for use within DH but they may also be disclosed to other Government bureaux/ departments or relevant parties for the purposes mentioned in paragraph 1 above, if required. Apart from this, the data may 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 or any other legislation.

Access and Correction to Personal Data

3. You have the right of access and correction with respect to your 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. A fee may be imposed for complying with a data access request.

Enquires

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

Principal Medical and Health Officer (Health Technology and Advisory)
Department of Health
21/F, Wu Chung House
213 Queen's Road East
Wan Chai, Hong Kong
Tel : 2961 8975