

明愛青少年及社區服務
服務質素標準 14
14.2 私隱條款—收集個人資料指引

1. 香港明愛承諾會引用及遵守個人資料(私隱)條例(簡稱「條例」)的原則及規定，保障服務使用者個人資料的私隱。
2. 香港明愛會以合法及公正的方式收集、保存及使用各項個人資料，這些資料僅供香港明愛進行業務運作及其他有關活動之用。
3. 香港明愛在搜集服務使用者的個人資料時，僅供作指定用途，此外亦需得使用者同意才作其他用途。
4. 香港明愛將設法保存最新及正確的服務使用者的個人資料。
5. 香港明愛會將服務使用者的個人資料保密儲存，並會訓練職員認識個人資料私隱條例。香港明愛僱員會尊重服務使用者的私隱，絕不會向未獲授權人士透露任何資料。
6. 香港明愛容許提供個人資料的人士，查閱及更改香港明愛所保存有關其本身的個人資料。
7. 若因跟進個案而需向其他機構索取服務使用者之個人資料時，應先取得其口頭或書面同意。

檢討： 本指引最少三年檢討一次

檢討日期： 2017年11月16日

Caritas Youth and Community Service
Service Quality Standards 14
14.2 Privacy Ordinance – Guideline on Collection of Personal Data

- 1) Caritas – Hong Kong pledges to introduce and adhere to the requirements as stipulated in the “Personal Data (Privacy) Ordinance” (Ordinance) for protecting personal data of its service users.
- 2) Collection and maintenance of service users’ personal data is executed by Caritas – Hong Kong in a legal and impartial manner. Such data is to merely be utilized for its own operational needs and other related activities.
- 3) When collecting personal data of its service users, Caritas – Hong Kong pledges to use such data for specified purposes. Should there be any chance to make use of such data for other purposes, permission needs to be sought from individual service users concerned.
- 4) Caritas – Hong Kong is obliged to accurately maintain the most updated personal data of individual service users as far as possible.
- 5) To ensure that personal data of service users are properly maintained under the custody of Caritas – Hong Kong, its staffs are well trained to acquaint with the “Personal Date (Privacy) Ordinance”. They are also required to respect privacy of individual service users and must not disclose such personal data to any other third party without permission of individual service users.
- 6) Service users are permitted to view and update their personal data with Caritas – Hong Kong from time to time.
- 7) Should there be needs to obtain personal data of service users from any other organization(s) for follow-up purpose, verbal or written permission must be sought from service users.

Review : This policy to be reviewed once every three years
Date of Review : 16 November 2017



香港明愛
查閱個人資料申請表

填寫表格前，請先細閱表格末的附註。

(請在適當方格內加√)

- 申請人為個人資料當事人 (請填寫下列第一及第三部份)
- 申請人為個人資料當事人之代表 (請填寫下列第一至第三部份)

第一部份：

資料當事人詳情

- (a) 姓名：_____
- (b) 年齡：_____歲 (可不填寫) (c) 性別：男/女* (可不填寫)
- (d) 香港身份證/護照*號碼：_____
- (e) 出生證明書號碼：(只適用於沒有身份證或護照的未成年人)

(f) 地址：_____

(g) 日間聯絡電話號碼：_____

(h) 傳呼機/其他電話號碼：_____

第二部份

如由有關人士代資料當事人申請查閱並收集資料，則須填寫這部份，否則不用填寫。

(1) 有關人士詳情

- (a) 姓名：_____
- (b) 年齡：_____歲 (可不填寫) (c) 性別：男/女* (可不填寫)
- (d) 香港身份證/護照*號碼：_____
- (e) 出生證明書號碼：(只適用於沒有身份證或護照的未成年人)

(f) 地址：_____

(g) 日間聯絡電話號碼：_____

(h) 傳呼機/其他電話號碼：_____

*請刪去不適用者

(2) 請說明有關人士與資料當事人的關係。請在適當方格填上「√」號，並在遞交申請表時，提交右面所列的書面證據。

關係	所需書面證據
有關人士是：	
<input type="checkbox"/> 2a. 資料當事人是未成年人，本人對資料當事人有作為父母親的責任	證明雙方關係的文件的真實複本一份（如資料當事人的出生證明書）
<input type="checkbox"/> 2b. 資料當事人無能力處理其本身事務，本人由法庭委任以處理該等事務	由法庭發出以委任該名人士的文件的真實複本一份
<input type="checkbox"/> 2c. 本人獲資料當事人書面授權代表他/她提出此項查閱資料要求	由資料當事人簽署的授權書正本，授權書中須寫上有關人士的姓名及身份證明文件號碼（這些資料須與連同本申請表遞交的身份證明文件相符）。
<input type="checkbox"/> 2d. 資料當事人屬《精神健康條例》(第 136 章)第 2 條所指的精神上無行為能力，而：	如選擇 2(d)項，請提供有關人士被委任監護人/獲轉歸監護/獲授權執行監護人職能的日期：_____
<input type="checkbox"/> (i) 本人根據該條例第 44A、59O 或 59Q 條獲委任擔任他/她的監護人；或	
<input type="checkbox"/> (ii) 社會福利署署長就《精神健康條例》第 44B(2A)或 59(T)(1)條獲轉歸資料當事人的監護；或	
<input type="checkbox"/> (iii) 社會福利署署長，或監護委員會認可的人士，根據《精神健康條例》第 44B(2B)或 59(T)(2)條獲授權執行資料當事人的職能。	上述 2(d)項的委任/轉歸//獲授權執行是否仍然有效? <input type="checkbox"/> 是 <input type="checkbox"/> 否
<input type="checkbox"/> (3) 有關人士已於_____（日期）*知會資料當事人/獲得資料當事人同意是項申請。（*請刪去不適用者）	

第三部份

(1) 要求查閱的個人資料詳情

請在以下空位說明所要求的個人資料詳情，例如：期間、紀錄的類別、持有有關資料的服務單位名稱及檔號。該服務單位可能是向資料當事人收集資料的單位，或是資料當事人向其申請服務的單位。

如空位不足，請另紙填寫。如需進一步資料以確定有關個人資料所在，有關職員稍後會與申請人聯絡。

(2) 要求的性質

請在適當方格填上「✓」號（可同時在以下兩個方格填上「✓」號）：

- 本人希望知道_____（單位名稱）是否持有上述第三部份(1)所載的資料當事人的個人資料。
- 如_____（單位名稱）持有上述第三部份(1)所載的個人資料，本人希望該單位提供一份複本給本人。本人同意繳付下頁附註(6)所列明的收費。

資料當事人簽署

有關人士簽署（如適用）

日期

日期

附註：

- (1) 根據【個人資料（私隱）條例】，資料當事人（指屬該等資料的當事人的個人），可向資料使用者提出查閱資料及更正資料要求，但是在若干情況下，資料使用者可根據條例的規定及有關豁免的條文而拒絕依從該項要求。如希望取得有關個人資料的複本，則需繳付費用。該名資料當事人亦可要求條例中所界定的有關人士，代他／她提出要求，以及收集個人資料。

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- (2) 在本申請表內填報的資料，會用作處理有關的查閱資料要求。向本服務提供個人資料純屬自願，如所提供的資料不足，本服務可能無法處理你的申請。請確保所提供的資料正確無誤。若需要更正個人資料，請另行使用「要求更正個人資料申請表」。
- (3) 遞交本申請表時，請提交以下文件：
- (a) 如申請人是資料當事人
該當事人的身份證、護照或出生證明書的真實複本一份
 - (b) 如申請人是有關人士
 - (i) 資料當事人及有關人士的身份證、護照或出生證明書的真實複本一份，以及
 - (ii) 表格第二部份(2)所需的文件。
- (4) 你所提供的個人資料，會提供予本服務在工作上有需要知道該等資料的職員使用。除此之外，本服務職員在需要時亦會向下列有關方面披露該等資料：
- (a) 涉及評定這項申請，或向你提供服務／援助的政府決策科／部門及非政府機構；或
 - (b) 已獲取你的同意向其披露資料的人士或機構；或
 - (c) 由法律授權或法律規定須向其披露資料的人士或機構。
- (5) 如對本表格有任何疑問，包括有關收集個人資料及查閱個人資料等方面，請向各服務單位之高級督導主任查詢。
- (6) 收費標準
- (a) 詳細個案報告 ：每份港幣 500 元
 - (b) 接受服務證明書 ：每份港幣 50 元
 - (c) 檔案記錄複本 ：每張港幣 5 元

Caritas - Hong Kong
Application form for data access request
(in connection with personal data only)

Please read the notes at the bottom of this form before you fill in the form.

SECTION I

(Please tick as appropriate)

_____ applicant is the data subject (please fill in Section I and Section III below)

_____ applicant is the representative of the data subject (please fill in Section I to Section III below)

Details of the data subject whose personal data are being requested in this application.

(a) Name : _____ (English)

Surname Name

_____ (Chinese)

(b) Age : _____ (c) Sex : Male/Female*

(d) HK Identity Card/Passport* No. : _____

(e) Birth Certificate No. (only for minor without Identity Card or Passport) : _____

(f) Address : _____

(g) Telephone Number for contact in the daytime : _____

(h) Pager/other telephone number : _____

SECTION II

This section should only be completed if a relevant person applies for access including collection of data on behalf of the data subject.

(1) Details of the Relevant Person

(a) Name : _____ (English)

Surname Name

_____ (Chinese)

(b) Age : _____ (c) Sex : Male/Female*

(d) HK Identity Card/Passport* No. : _____

(e) Address : _____

(f) Telephone Number for contact in the daytime : _____

(g) Pager/other telephone number : _____

*delete if not appropriate

(2) Please state the relationship between the data subject and the relevant person. Please tick as

appropriate and provide the documentary evidence indicated on the right hand side when the application is submitted.

<u>Relationship</u>	<u>Documentary evidence required</u>
<u>The relevant person is a :</u>	
<input type="checkbox"/> 2a. The Relevant Person has parental responsibility for the Data Subject who is under age 18	A true copy of documentary proof of the relationship e.g. birth certificate of the data subject.
<input type="checkbox"/> 2b. Person appointed by the court to manage the affairs of the data subject, if the data subject is incapable of managing his own affairs.	A true copy of the document issued by the court to appointing the Relevant Person to manage the affairs of the Data Subject who is incapable of managing his own affairs.
<input type="checkbox"/> 2c. Person authorized in writing by the data subject to submit the request and the Relevant Person is:	Original letter of authorization signed by the Data Subject. The letter should include the name and number shown on the same identification document of the relevant person attached with this application.
<input checked="" type="checkbox"/> 2d. The Data Subject is mentally incapable within the meaning of the Mental Health Ordinance and the Relevant Person is :	If the box in 2(d) is ticked, state the date when the Relevant Person was appointed a guardian/ was vested the guardianship/was authorized to perform the functions of a guardian: _____
(i) Appointed as a guardian of the Data Subject by a court, magistrate or the Guardianship Board under section 44A, 59O or 59Q of the mental Health Ordinance;	
(ii) The Director of Social Welfare who, pursuant to section 44B(2A) or 59T(1) of the Mental Health Ordinance, is vested the guardianship of the Data Subject;	
(iii) The Director of Social Welfare or a person approved by the Guardianship Board who, pursuant to section 44B(2B) or 59T(2) of the Mental health Ordinance is authorized to perform the functions of a guardian for the Data Dsubject	Is the appointment/vestng/authority to perform under 2(d) still subsisting? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) The relevant person has informed /obtained the consent of* the data subject about this application on _____(date).	

*delete if not appropriate

SECTION III(1) Details of personal data of the data subject under request

Please provide details of the personal data requested in the space below, for example, the period, types of records, our file reference and the name of the Service unit which keeps the data - this is probably the office which collected the data from the data subject or from which the data subject has applied for service.

(If the space provided is insufficient, please provide information on separate sheets. Officers of the Service may contact you later if further information are required to locate the personal data.)

(2) Nature of this request

Please tick as appropriate (you can tick both boxes):

- I would like to be informed whether the Service is holding any personal data of the data subject as described in Section III (1) above.
- I would like to be provided with a copy of the personal data kept by the Service, if any, as described in Section III (1) above. I understand that I will be required to pay a fee for the copy and I will be informed of the amount of fee later before I decide whether to obtain the copy.

Signature of data subject

Signature of relevant person, if any

Date

Date

Notes :

(1) In accordance with the Personal Data (Privacy) Ordinance, a Data subject (defined as an individual who is the subject of the data held) can request access to and correction of the data held by a data user, subject to the provisions and exemptions provided in the Ordinance and payment of a fee if you wish to obtain a copy of the personal data. The data subject can ask a relevant person as defined in

the Ordinance to make the request and collect the personal data on behalf of him/her.

(2) The information provided in connection with this application form will be used for processing the data access request or provision of service/assistance by the Service. The supply of personal data to the Service is voluntary. If insufficient information is provided, we may not be able to process your application. Please ensure that the data you provide are accurate. Request of correction of personal data should be made on another form, namely, Application Form for Data Correction Request.

(3) Please provide the following documents when submitting this application :-

(a) if application is made by a data subject

a true copy of his/her identity card, passport or birth certificate

(b) if application is made by a relevant person

(i) a true copy of the identity card, passport or birth certificate of the data subject and the relevant person; and

(ii) document required in Section II (2) of this form.

(4) The personal data you provide will be made available to persons working in the Service on a need-to-know basis. Apart from this, they may only be disclosed to the relevant parties listed below :-

(a) other parties such as government branches/departments and non-governmental organizations if they are involved in the assessment of this application from or provision of service / assistance to you;

(b) where you have given consent to such disclosure; or

(c) where such disclosure is authorized or required by law.

(5) Enquiries concerning requests for access to and correction of personal data should be addressed to the Senior Social Work Officer of the respective service of Caritas-Hong Kong

(6) Fee Charging (as at 10-6-1997)

- | | |
|---------------------------------------|-------------------|
| a. Case Summary | \$500 per copy |
| b. Certification of receiving service | \$50 per copy |
| c. Photo-copy of case record | \$5 for each page |

香港明愛

改正資料要求申請表

(只限於改正個人資料之用)

填寫表格前，請先細閱表格末的附註。

(請在適當方格內加√)

第一部份 : 申請人為個人資料當事人(請填寫下列第一及第三部份)
 申請人為個人資料當事人之代表(請填寫下列第一至第三部份)

申請要求改正個人資料的資料當事人詳情

- (a) 姓名：_____
- (b) 年齡：_____歲 (c) 性別：男/女*
- (d) 香港身份證/護照*號碼：_____
- (e) 出生證明書號碼：(只適用於沒有身份證或護照的未成年人)

- (f) 地址：_____

- (g) 日間聯絡電話號碼：_____
- (h) 傳呼機/其他電話號碼：_____

第二部分

如由有關人士代資料當事人申請改正資料，並收集已改正的資料(如改正資料要求獲得依從)，則須填寫這部分，否則不用填寫。

(1) 有關人士詳情

- (a) 姓名：_____
- (b) 年齡：_____歲 (c) 性別：男/女*
- (d) 香港身份證/護照*號碼：_____
- (e) 地址：_____

- (f) 日間聯絡電話號碼：_____

(g) 傳呼機/其他電話號碼：_____

*請刪去不適用

(2) 請說明有關人士與資料當事人的關係，請在適當方格填上「✓」號，並在遞交申請表時，提交右面所列的書面證據。

關係

所需書面證據

有關人士是：

<p><input type="checkbox"/> 2a. 資料當事人是未成年人，本人對資料當事人有作為父母親的責任</p> <p><input type="checkbox"/> 2b. 資料當事人無能力處理其本身事務，本人由法庭委任以處理該等事務</p> <p><input type="checkbox"/> 2c. 本人獲資料當事人書面授權代表他/她提出此項查閱資料要求</p> <p><input type="checkbox"/> 2d. 資料當事人屬《精神健康條例》(第 136 章)第 2 條所指的精神上無行為能力，而：</p> <p>(i) 本人根據該條例第 44A、590 或 59Q 條獲委任擔任他/她的監護人；或</p> <p>(ii) 社會福利署署長就《精神健康條例》第 44B(2A)或 59(T)(1) 條獲轉歸資料當事人的監護；或</p> <p>(iii) 社會福利署署長，或監護委員會認可的人士，根據《精神健康條例》第 44B(2B) 或 59(T)(2) 條獲授權執行資料當事人的職能。</p>	<p>證明雙方關係的文件的真實複本一份 (如資料當事人的出生證明書)</p> <p>由法庭發出以委任該名人士的文件的真實複本一份</p> <p>由資料當事人簽署的授權書正本，授權書中須寫上有關人士的姓名及身份證明文件號碼(這些資料須與連同本申請表遞交的身份證明文件相符)。</p> <p>如選擇 2(d)項，請提供有關人士被委任監護人/獲轉歸監護/獲授權執行監護人職能的日期： _____</p> <p>上述 2(d)項的委任/轉歸//獲授權執行是否仍然有效? <input type="checkbox"/> 是 <input type="checkbox"/> 否</p>
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(3) 有關人士已於_____ (日期) *知會資料當事人/獲得資料當事人同意 此項申請及有關第三部分之內容。(*請刪去不適用者)

第三部份

(如空位不足，請另紙填寫。如本服務需進一步資料以處理申請，本服務職員稍後會和你聯絡。)

(1) 請說明本服務就有關資料當事人的查閱資料要求(即引起這次改正資料要求的前因)所發出的覆函的日期及檔號，或附上本服務因應查閱資料要求而提供的個人資料的複本一份。

(2) 請說明你認為複本內的個人資料不正確的部分。你可在繼提出查閱資料要求後而收到的個人資料複本上，在你認為不正確的部分劃上底線，並將該複本連同本申請表一併遞交。

(3) 請說明你認為個人資料不正確的理由，並提供支持這些理由的文件(如有的話)。

(4) 如你對怎樣改正上述第(2)及(3)項的個人資料有任何建議，請在下面空位列出。

資料當事人簽署

有關人士簽署(如有的話)

日期

日期

附註：

- (1) 根據【個人資料（私隱）條例】，已向資料使用者取得其個人資料複本的資料當事人（指屬該等資料的當事人的個人），可向資料使用者提出改正資料要求，但是在若干情況下，資料使用者可根據條例的規定及有關豁免的條文而拒絕依從該項要求，該名資料當事人可要求條例中所界定的有關人士，代他/她提出要求，以及收集已改正的個人資料（如要求獲得依從）。
- (2) 在本申請表內填報的資料，會用作處理有關的改正資料要求。向本服務提供個人資料純屬自願，如所提供的資訊不足，本服務可能無法處理你的申請。請確保所提供的資料正確無誤。
- (3) 遞交本申請表時，請提交以下文件：
 - (a) 如申請人是資料當事人
該當事人的身份證、護照或出生證明書的真實複本一份；及第三部分提及的個人資料的任何文件/複本。
 - (b) 如申請人是有關人士
 - (i) 資料當事人及有關人士的身份證、護照或出生證明書的真實複本一份；
 - (ii) 表格第二部分（2）所需的文件；以及
 - (iii) 第三部分提及的個人資料的任何文件/複本。
- (4) 你所提供的個人資料，會提供予本服務在工作上有需要知道該等資料的職員使用，除此之外，本職員在需要時亦只會向下列有關方面披露該等資料：
 - (a) 其他有關方面，例如涉及評定這項申請，或向你提供服/援助的政府決策科/部門及非政府機構；或
 - (b) 已獲取你的同意向其披露資料的有關方面；或
 - (c) 由法律授權或法律規定須向其披露資料的有關方面。
- (5) 如對本表格有關收集個人資料，包括查閱及改正個人資料方面，有任何疑問，請向各服務單位之高級督導主任查詢。聯絡方法請參考本服務於各區之單位地址及電話。

Caritas - Hong Kong
Application form for data correction request
(in connection with personal data only)

Please read the notes at the bottom of this form before you fill in the form.

SECTION I

(Please tick as appropriate)

_____ applicant is the data subject (please fill in Section I and Section III below)

_____ applicant is the representative of the data subject (please fill in Section I to Section III below)

Details of the data subject whose personal data are being requested in this application.

- (a) Name : _____ (English)
 _____ (Chinese)
- (b) Age : _____
- (c) Sex : Male/Female* _____
- (d) HK Identity Card/Passport* No. : _____
- (e) Birth Certificate No. (only for minor without Identity Card or Passport) : _____
- (f) Address : _____
- (g) Telephone Number for contact in the daytime : _____
- (h) Pager/other telephone number : _____

SECTION II

This section should only be completed if a relevant person applies for correction including collection of the corrected data on behalf of the data subject, if the correction request is complied with.

This section should only be completed if a relevant person applies for access including collection of data on behalf of the data subject.

(1) Details of the Relevant Person

- (a) Name : _____ (English)
 _____ (Chinese)
- (b) Age : _____
- (c) Sex : Male/Female* _____
- (d) HK Identity Card/Passport* No. : _____
- (e) Address : _____
- (f) Telephone Number for contact in the daytime : _____
- (g) Pager/other telephone number : _____

*delete if not appropriate

(2) Please state the relationship between the data subject and the relevant person. Please tick as appropriate and provide the documentary evidence indicated on the right hand side when the application is submitted.

The relevant person is a :

- | | |
|---|---|
| <input type="checkbox"/> 2a. The Relevant Person has parental responsibility for the Data Subject who is under age 18 | A true copy of documentary proof of the relationship e.g. birth certificate of the data subject. |
| <input type="checkbox"/> 2b. Person appointed by the court to manage the affairs of the data subject, if the data subject is incapable of managing his own affairs. | A true copy of the document issued by the court to appointing the Relevant Person to manage the affairs of the Data Subject who is incapable of managing his own affairs. |
| <input type="checkbox"/> 2c. Person authorized in writing by the data subject to submit the request and the Relevant Person is: | Original letter of authorization signed by the Data Subject. The letter should include the name and number shown on the same identification document of the relevant person attached with this application. |
| <input checked="" type="checkbox"/> 2d. The Data Subject is mentally incapable within the meaning of the Mental Health Ordinance and the Relevant Person is : | If the box in 2(d) is ticked, state the date when the Relevant Person was appointed a guardian/ was vested the guardianship/was authorized to perform the functions of a guardian: |
| (i) Appointed as a guardian of the Data Subject by a court, magistrate or the Guardianship Board under section 44A, 59O or 59Q of the mental Health Ordinance; | <hr style="width: 100%;"/> |
| (ii) The Director of Social Welfare who, pursuant to section 44B(2A) or 59T(1) of the Mental Health Ordinance, is vested the guardianship of the Data Subject; | |
| (iii) The Director of Social Welfare or a person approved by the Guardianship Board who, pursuant to section 44B(2B) or 59T(2) of the Mental health Ordinance is authorized to perform the functions of a guardian for the Data Subject | Is the appointment/vestng/authority to perform under 2(d) still subsisting?
<input type="checkbox"/> Yes <input type="checkbox"/> No |

(3) The relevant person has informed /obtained the consent of* the data subject about this application on _____(date).

*delete if not appropriate

SECTION III

(If the space provided below is insufficient, please provide information on separate sheets. Officers of the Service may contact you later if further information are requested to process the application.)

(1) Please indicate the date and reference number of our reply letter of the data access request which gave rise to this data correction request or attach a copy of the personal data provided by the Service in response to this data access request.

(2) Please describe the part(s) of the personal data you consider as inaccurate. You may underline these parts on a copy of the personal data you received as a result of the data access request and attach the copy with this application.

(3) Reason(s) why the personal data are considered inaccurate. Please provide documents in support of the reason(s), if available.

(4) If you have any suggestions on how the personal data mentioned in (2) and (3) above should be corrected, please set them out in the space below

Signature of data subject

Signature of relevant person, if any

Date

Date

Notes :

- (1) In accordance with the Personal Data (Privacy) Ordinance, a **data subject (defined as an individual who is the subject of the data held) who has already obtained a copy of his/her personal data from a data user can request correction of the data** by the data user, subject to the provisions **and** exemptions provided in the Ordinance. The individual can ask a relevant person as defined in the Ordinance to make the request and collect a copy of the corrected personal data on behalf of him/her, if the request is complied with.
- (2) The information provided in connection with this application form will be used for processing the request for correction to the personal data held by the Service on the data subject or provision of service/assistance by the Service. The supply of personal data to the Service is voluntary. If insufficient information is provided, we may not be able to process your application. Please ensure that the data you provide are accurate.
- (3) Please provide the following documents when submitting this application :-
 - (a) if application is made by a data subject
a **true copy** of his/her identity card, passport or birth certificate; and any available document/ copy of personal data mentioned in Section III
 - (b) if application is made by a relevant person
 - (i) a **true copy** of the identity card, passport or birth certificate of the data subject and the relevant person; and
 - (ii) document required in Section II (2) of this form; and
 - (iii) any available document/copy of personal data mentioned in Section III.
- (4) The personal data you provide will be made available to persons working in the Service on a need-to-know basis. Apart from this, they may only be disclosed to the relevant parties listed below :-
 - (a) other parties such as government branches/departments and non-governmental organizations **if** they are involved in the assessment of this application form or provision of service / assistance to you;
 - (b) where you have given consent to such disclosure; or
 - (c) where such disclosure is authorized or required by law.
- (5) Enquiries concerning requests for access to and correction of personal data should be addressed to the Senior Social Work Supervisor of the respective service unit.