Application for New Surgery Smart Card

Name Printed on card: [   ]   e.g. (**CHAN** Tai Man or **Tom** CHAN)

Chinese Name: [   ]   Rank: [   ]   (Prof, Clerk1, RA2, etc)

First Name: _____ Last Name: _____

Email Address: _____ Sex: M / F*

Division: _____

Staff ID: _____   HKU / HA*   Mode: Full-time / Part-time*

Student No.: _____   Supervisor: _____ (if applicable)

Office Location: _____   Terms: Permanent/Temporary/Contract *

Contact Tel.: _____   Posting: QMH / TWH / TGH / FOMB*

Appointment Date: _____   Expiry Date: _____

Staff Type:
1. Academic Staff: Yes/No *   Clinical: Yes/No*   Research: Yes/No*
2. Visitor: Yes/No*   Elective Trainee: Yes/No*   Interns: Yes/No*
   (From Hospital: _____ Department _____)
3. Resident / Senior Resident*
4. Lab Staff / PGS / Visitor*

*Please phone **2255 4779 / 2255 4653** for photo taking.*
*Please phone **2255 4469 / 2255 4708** for enquiry.*

Signature: _____   Date: _____

* Please delete as appropriate.

For Official use only

Received date & by: _____ ( ) Approved/Not approved: _____ (if not approved, please specify the reason) Approved date& by :_____( )	Category: (i)_____ (Within today) (ii)_____ (2-3 working days) (iii)_____ (5-10 Working days)	Audit: (i) _____ (Within today) (ii)_____ (2-3 working days) (iii)_____ (5-10 Working days)

Note:
It is a Department's requirement for its staff, including Elective Residents, to be provided with a Surgery Smart Card. The Smart Card is required for accessing the Department's restricted areas, and for recording attendance at meetings, etc.
Staff who failed to provide the information for making the Surgery Smart Card will not be given a car parking permit at QMH.