



## HUMAN RESOURCES SECTION 人力資源組

### Change / Update of Personal Data Form (For Part-time Teaching Staff)

#### 更改個人資料表格 (兼職教學人員適用)

Full Name (in block) 姓名全寫 : \_\_\_\_\_

HKID Card / Passport No. / Staff I.D. No.

香港身份證 / 護照號碼 / 職員編號# : \_\_\_\_\_  
(#Please delete where inappropriate; 請刪除不適用項目)

Programme / Subject 課程 / 科目 : \_\_\_\_\_

#### Notes 注意 :

1. The information provided hereunder will be used for processing your request for change / update of your personal data. On completion of this process, the form will be placed on your personal file throughout your entire service at the School. Should you have any questions related to this request or access to your personal data, please contact the Human Resources Section of the School.

下列資料均用作辦理有關更改個人資料的申請。待有關手續辦妥後，此表格會於申請人的聘用期內儲存於其個人檔案。如對這項申請有任何疑問或要求查閱個人資料，請聯絡本院人力資源組。

2. The completed form should be submitted direct to the Human Resources Section or via the Learning Centres. If changes are made with items marked with an asterisk (\*), please enclose supporting documents with this form. The Human Resources Section may have to collect additional information from you under certain circumstances.

請將填妥的表格交回人力資源組或經各教學中心轉交。若需更改有\*項目，請連同有關證明文件一併交回。在處理你的申請時，人力資源組或會請你提供更多資料。

#### 3. Please sign on overleaf for confirmation. 請在背頁簽署作實。

Please tick the appropriate box(es) below and provide information where changes / updates are required: (Please write in block letters)

請於需要更改項目的方格加「✓」，並提供有關資料。(請用英文正楷填寫資料)

Correspondence address 通訊地址 : \_\_\_\_\_  
\_\_\_\_\_

Residential address 住宅地址 : \_\_\_\_\_  
\_\_\_\_\_

Telephone No. 電話號碼 : (Res. 住宅) \_\_\_\_\_  
(Off. 辦事處) \_\_\_\_\_  
(Others 其他) \_\_\_\_\_

Fax No. 傳真號碼 : \_\_\_\_\_

E-mail Address 電子郵箱 : \_\_\_\_\_

Education and Academic Qualifications 學歷\* :

Name of Institute / University 院校名稱	Major 主修	Minor 副修	F.T./P.T. 全/兼讀	Abbreviation eg. BA, PhD	Qualification Obtained (Pls. indicate the abbreviation before description) 所得資格 / 文憑 / 學位	Date of Award (M/Y) 頒授日期 (月/年)

Professional Qualifications 專業資格\* :

Name of Association / Professional Institution 學會 / 專業機構名稱	Title Abb. e.g. FHKSA, MHKIE	Professional Title 專業名銜	Level Attained, if applicable 認可程度 / 資格	Means of Attaining X : By Examination E : By Election S : By Subscription	Date Conferred (M/Y) 頒授日期 (月/年)

Please enclose a copy of certificate of the above qualification(s) with this form, and bring along the originals to the Human Resources Section or the Learning Centres for verification.

遞交表格時請連同學歷/專業資格證書副本一併遞交，並攜同正本到人力資源組或教學中心核實資料。

HKID Card no 香港身份證號碼\* : \_\_\_\_\_

Passport no. and issuing country 護照號碼及簽發國家\* : \_\_\_\_\_

Legal name 法定姓名\* : \_\_\_\_\_ ( )

Nationality 國籍 : \_\_\_\_\_

Marital Status 婚姻狀況 : \_\_\_\_\_

Contact Person in Case of Emergency :  
緊急情況下可聯絡人士

Name of Next of Kin : \_\_\_\_\_  
近親姓名

Relationship : \_\_\_\_\_  
關係

Contact No. : \_\_\_\_\_  
聯絡電話

Others (please specify) 其他 (請註明) : \_\_\_\_\_

Effective date of the above change (s) 更改資料生效日期 : \_\_\_\_\_

Signature 簽署 : \_\_\_\_\_ 

For Human Resources Section Use 此欄由人力資源組填寫

Data updated by \_\_\_\_\_ on \_\_\_\_\_

Checked by \_\_\_\_\_ on \_\_\_\_\_