

Affiliate Membership 香港調解專業協會附屬會員

Please complete this form and return it to:

via Mail: 905 Hua Fu Comm. Bldg., 111 Queen's Road West, Hong Kong (Or by fax: +852 3020 6607 or by email: info@mediatorassociation.org)

Affiliate Membership Application Form

| Chinese | |
|---------------|---|
| Name . | |
| | |
| Gender: F / M | |
| | |
| Home No.: | |
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| Fax No.: | |
| | |
| (Chinese) | |
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| | |
| | Name: Gender: F / M Home No.: Fax No.: |

Membership Fee: Affiliate membership is free of charge PERSONAL DATA (PRIVACY) ORDINANCE NOTICE

Persons who supply data in their application to the Hong Kong Professional Mediation Association (HKPMA) are advised to note the following points pursuant to the Personal Data (Privacy) Ordinance.

- 1. Personal data provided in this application form will be used solely for the purpose of the said application, and in this connection the data herein will be dealt with by the HKPMA staff and/or by the HKPMA Mediator Accreditation Committee members/or by offices of HKPMA's Principal Organization.
- 2. After an application has been duly processed, the application papers of the candidates will be retained in a file established by the HKPMA for each applicant. Such information will be retained by HKPMA or the Principal Organization of HKPMA for as long as it deems necessary or useful.
- 3. Under the provisions of the Personal Data (Privacy) Ordinance, an applicant has the right to request access to, and the correction of, his/her personal data as retained by the HKPMA or its Principal Organization. Applicants wishing to

Form MA01



access or make corrections to their data should submit written requests to the Secretary General of HKPMA or its Principal Organization.

Declaration:

Sign:

- 1. I have read and agreed to the Personal Data (Privacy) Ordinance Notice.
- 2. I authorize the HKPMA and its Principal Organization, its/their staff, employees and/or members of the HKPMA Mediator Accreditation Committee to deal with, utilize and/or assess the data submitted by me as may be required in connection with my application.
- 3. I understand that my data will become a part of the HKPMA's files and may be used for all purposes deemed necessary or useful by the HKPMA and its Principal Organization.
- 4. I declare that the information given in support of this application is accurate and complete. I understand that any misrepresentation will disqualify my application and may lead to revocation of my application, should the application is accepted. HKPMA Mediator Accreditation Committee and offices of HKPMA's principal organization also reserves the right to report the matter to my professional body/association.
- 5. I confirm that I am familiar with and will adhere to the HKPMA and its principal organization Guidelines for Professional Practice of Mediators General Ethical Code.
- 6. Any information on this form may be made available by HKPMA and its principal organization to third parties for the purposes of assessment or selection.

Please sign below to confirm your agreement to the disclosure of the information contained in the application and your confirmation of its accuracy.

I agree to abide by the rules & regulations (and their changes afterwards) of the Hong Kong Professional Mediation Association (HKPMA) and I understand and agree that the application is subject to approval by HKPMA and the rules & regulations of HKPMA are subject to change of HKPMA at its sole discretion without notice.

Date:

| General Information: | | | | |
|----------------------|--|------------------------|--------------------------------------|--|
| 1. | The application is subject to approval by the <i>Hong Kong Professional Mediation Association (HKPMA</i>). | | | |
| 2. | There are continuing professional development (CPD) courses offered to this membership free of charge. This membership shall complete 6 hours of CPD each year in order to maintain the membership. | | | |
| 3. | The membership granted is subjected to review of HKPMA every year. The HKPMA has the sole discretion whether to continue or discontinue the membership of any individual at any time by serving a written notice to the registered address or email address stated in this application form. | | | |
| 4. | Enquiry: Fax: | 2110 0834 3020 6607 | E-mail: info@mediatorassociation.org | |
| For HKPMA use only | | | | |
| Membership No. : | | | | |
| Receipt: | | | | |