



This survey is conducted to ensure and improve the quality of the chartered bus service. Your valuable opinion is highly appreciated!

1. Did the bus arrive late at your school (or Central Pier)?  
 No       Yes      (Late for \_\_\_\_\_ minutes )
  
2. Bus shall park at appropriate site, e.g. school entrance, car park (or pier designated pick-up / alighting zone) to pick up school children. Did the bus you just took do that?  
 Yes       No. Where did the bus park?  
 \_\_\_\_\_
  
3. Except driver & school representative, each bus shall have a bus escort accompanying school children along the whole trip to our clinic. Did the bus you just took have such an escort?  
 Yes       No / Part of the trip\*. When and where did the escort show up?  
 \_\_\_\_\_
  
4. Bus escort shall assist your school children in boarding and alighting the bus. Did he/she do that? (Please don't answer if there was no escort)  
 Yes       No
  
5. Was there any incident that induced injury to or might have threatened the safety of the school children e.g. traffic accident, speeding and careless driving etc. on the way to our clinic?  
 No incident       Had incident. Please describe: (Car Registration No. \_\_\_\_\_ )  
 \_\_\_\_\_
  
6. After arriving at the clinic, bus shall drop the school children at appropriate site. Did the bus you just took do that?  
 Yes       No. Where did the bus drop the children?  
 \_\_\_\_\_
  
7. After arriving at the clinic, bus escort shall guide and settle the school children in the waiting area before he/she can leave? Did he/she do that?  
 Yes       No
  
8. Other Comments (e.g. performance of driver and escort, condition and cleanliness of bus):  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Delete as appropriate

**Please return this form to our receptionist before leaving the clinic. Thank you for your co-operation!**

School Name: \_\_\_\_\_

Name of School Representative on Bus: \_\_\_\_\_

Signature: \_\_\_\_\_ Contact Telephone (Day): \_\_\_\_\_

<b>For Clinic use only</b>		
Appointment Date: _____	AM / PM	Appointment No: _____
Bus Trip: _____	Reviewer : _____	Date: _____
Follow-up Action (if any): _____		



## **Statement of Purposes**

### **Purpose of Collection**

1. The personal data are provided by patients and clients with whom the Department of Health (DH) interacts in the delivery of the services, and other related activities. The personal data provided will be used by DH for validation of authenticity of identity for the following purposes:
  - (a) Proof of eligibility;
  - (b) Providing services including but not limited to clinical service, dental laboratory service, appointment arrangement and notification and client relation matters;
  - (c) Record of test results / examination / investigation / treatment for continuation of care or reference by other medical professionals;
  - (d) Consent for particular treatments/tests;
  - (e) Tracking of payment;
  - (f) Suspected outbreak investigation;
  - (g) For notification of tuberculosis or other diseases reportable / notifiable for public health purpose;
  - (h) Tracing defaulters for follow-up / treatment;
  - (i) Record of enrolment / management;
  - (j) For preparing statistics and accounting reports, epidemiological surveillance, carrying out research or teaching purpose; and
  - (k) Audit purpose.

The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to prove your eligibility for specific service/activities and cannot provide service/assistance to you or even the service / assistance may still be provided, you will be charged at the non-entitled person (usually higher) rate.

### **Classes of Transferees**

2. The personal data you provide are mainly for use within DH but they may also be disclosed to other Government bureaux/departments or relevant parties for the purposes mentioned in para. 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.

### **Access to Personal Data**

3. You have a right of access and correction with respect to 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.

### **Enquiries**

4. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to:  
Clerical Officer, School Dental Care Service  
Rm. G8, G/F, MacLehose Dental Centre, 286 Queen's Road East, Wan Chai, HONG KONG  
Telephone: 2892 2157      Fax: 2575 8162