

# Application Form for the OSH Best Project Scholarship 2023/24

## Part A To be completed by Applicant

### Personal Particulars

Name of Applicant : \_\_\_\_\_  
(English, in block letter) (Last name) (Chinese)

Correspondence Address : \_\_\_\_\_

Tel : \_\_\_\_\_ Mobile : \_\_\_\_\_  
(Council may use SMS or apps message to communicate on matters relating to OSH Best Project Scholarship)

Fax : \_\_\_\_\_ Email : \_\_\_\_\_ HKID No. : \_\_\_\_\_

### Programme of Study in 2023/24

Name of Academic Institution : \_\_\_\_\_

Faculty / School / Institute / Department / Division : \_\_\_\_\_

Programme :  Postgraduate  Undergraduate  Sub-degree

Programme Title : \_\_\_\_\_

Year of Study : \_\_\_\_\_ Expected Month & Year of Graduation : \_\_\_\_\_

Project Title : \_\_\_\_\_

I declare that the information given by me in this Form is complete and true to the best of my knowledge.

I understand that my provision of all the personal data requested in this application is obligatory and failure to provide these data and the required documents (if any) may affect the processing and outcome of this application.

I understand I have the right to obtain access and make corrections to the personal data provided by me in this application. I also understand this Application Form and the related documents submitted are not returnable.

I agree to the above application and to the Occupational Safety & Health Council's right to display, disseminate or release the findings of the OSH Best Project Scholarship winning entries to the public in the form the Council considers appropriate.

Signature of Applicant : \_\_\_\_\_ Date : \_\_\_\_\_

## Part B To be completed by Supervisor

Name of Project Supervisor (Mr / Ms / Dr / Prof) : \_\_\_\_\_  
(English, in block letter) (Last name) (Chinese)

Name of Proposer (Mr / Ms / Dr / Prof) : \_\_\_\_\_  
(Project Supervisor / Programme Leader / Head, no need to fill in if same as above)

Correspondence Address : \_\_\_\_\_

Tel : \_\_\_\_\_ Mobile : \_\_\_\_\_  
(Council may use SMS or apps message to communicate on matters relating to OSH Best Project Scholarship)

Fax : \_\_\_\_\_ Email : \_\_\_\_\_

I agree to nominate \_\_\_\_\_ (name of applicant) to the OSH Best Project Scholarship for the Academic Year 2023/24.

Signature of Project Supervisor : \_\_\_\_\_ Date : \_\_\_\_\_

Signature of Proposer : \_\_\_\_\_ Date : \_\_\_\_\_  
(Project Supervisor / Programme Leader / Head)

### «Personal Data Collection Statement»

- The information you provide to the Occupational Safety & Health Council (the Council), including any personal data as defined in the Personal Data (Privacy) Ordinance (the Ordinance), will be used solely for purposes related to the activities of the Council.
- To keep you informed of Council's activities, the Council would like to use your personal data, including your name, telephone number and correspondence and email addresses, to update you in relation to our training courses, events and other OSH related information. Your personal data may also be used for our research and statistical purposes.
- You are free to decide whether you wish to receive such information. If you choose not to do so, please put a tick in the box below \*.
- You are also entitled to request access to and correction of any errors in your personal data. If you wish to do so, please write to the Council at 19/F, China United Centre, 28 Marble Road, North Point, Hong Kong.

\*  I do not wish to receive any information from the Council in relation to its activities.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_ This form is valid for one applicant only. Please make extra copies for additional application.

**Enquiries :** Please contact Mr S L Chow on 2739 9377(tel) or 2739 9779(fax) or [research@oshc.org.hk](mailto:research@oshc.org.hk) for further information.

