



**Primary Dental Co-care Pilot Scheme for Adolescents (PDCC)**  
**Authorisation Form**  
**for Facilitating Private Dentists Enrolment by Clinic Administrator**

Note: This authorisation form is subject to and shall be interpreted under the “Primary Dental Co-care Pilot Scheme for Adolescents Terms and Conditions of Agreement with Private Dentists” (T&C). In the event of conflict between this form and the T&C, the T&C shall prevail.

**I. About the Private Dentist (“the Applicant”)**

Name in English: Dr. \_\_\_\_\_ Name in Chinese : \_\_\_\_\_

eHRSS User ID: \_\_\_\_\_

**II. About the authorised clinic administrator(s) for assisting enrolment of the Applicant**

<b>Title</b> (Mr/Mrs /Ms/Dr)	<b>Name in English</b>	<b>Name in Chinese</b>	<b>eHRSS User ID</b>

**III. About the Healthcare Provider (HCP) registered in the eHRSS**

HCP Name in English: \_\_\_\_\_

HCP ID: \_\_\_\_\_

#### **IV. Declaration**

By signing this Authorisation Form, I, the Applicant, hereby declare to the Government of the Hong Kong Special Administrative Region of the People's Republic of China ("Government") that I wish to enrol in the Primary Dental Co-care Pilot Scheme for Adolescents ("PDCC") and hereby confirm that:

- I give my consent to enrol in the PDCC voluntarily;
- I, the Applicant, undertake to inform the PDCC Programme Office immediately if there is any update/change made, in the future or thereafter, to the information provided above.
- I, the Applicant, acknowledge, confirm, undertake, warrant, declare and agree the following documents accessible at the PDCC Website:

<https://www.communitydental.gov.hk/en/pdcc/professional.html>

- (1) Covering Notes for Private Dentist's Application to Enrol in the Primary Dental Co-care Pilot Scheme for Adolescents;
- (2) Primary Dental Co-care Pilot Scheme for Adolescents Terms and Conditions of Agreement for Private Doctors ("T&C");
- (3) Undertaking and Declaration; and
- (4) Personal Information Collection Statement.

#### **V. Authorisation**

I, the Applicant, authorise the above named clinic administrator(s) to have access to the PDCC IT Platform under the eHRSS to:

- (a) Enrol in the PDCC on behalf of me; and
- (b) Handle relevant administrative functions in the PDCC on behalf of me.

Signature of Private Dentist: \_\_\_\_\_

Date: \_\_\_\_\_

*Please sign and return the completed form to the Programme Office  
via email (am3\_cds@dh.gov.hk) or fax (2111 3877)  
Should you have any enquiry, please contact us at (2111 3830)*