Online Contact Directory
Consent Form for Use by Staff Member

_____
Department/Unit

Staff ID 職員號碼 _____

Name 姓名 (in Chinese) _____
姓 名

(in English) _____
Surname Given Name

Salutation 稱謂 Dr / Miss / Mr / Ms / Mrs / Professor / Rev / Sir (Delete as appropriate)

Post 職位 _____

Ext/Tel 電話 _____

Email 電郵 _____

Bldg 樓宇 _____

Room 房號 _____

I, the undersigned, agree that all or part of the above contact information (except Staff ID) will be shown in the Online Contact Directory (OCD).

Signature _____

Date _____

Notes:

1. OCDA Departmental Administrators are responsible for providing this form to staff members for completion, collecting and keeping the completed forms securely, as the forms contain staff members' personal data and consent information.

2. New staff members should complete this form upon joining the Department/Unit. The information provided, except the Staff ID, will be displayed in the Online Contact Directory (OCD).

3. Completed Consent Forms should be securely kept and disposed of seven years after the staff member's departure from the Department/Unit.