



香港水務安全學會

Hong Kong Institute of Water and Sanitation Safety

INDIVIDUAL MEMBERSHIP APPLICATION FORM

個人會員申請表

Membership Requirement: Please refer to the Institute's webpage (URL:www.hkiwss.org)

會員資格要求: 請參考學會網頁有關文本 (網址: www.hkiwss.org)

Section 1 第一部: *Membership Applied for 申請類別 (please tick as appropriate 請選擇)#	
<input type="checkbox"/> Professional Member 專業會員	<input type="checkbox"/> Technical Member 技術會員
Present Member Grade 現在會籍, (if any 如有):	QP of WSPB 香港水務處水安全合資格人士

#(Section 1 is not required for Expert and Associate Member Applications 專家會員, 准會員無需填寫第1部)

Section 2 第二部: PERSONAL DETAILS 個人資料 (*compulsory items 必須填寫項目)			
*Surname in ENG 英文姓氏		*First Name in ENG 英文名字	
Name in CHN 中文姓名		*Email 電郵	
Title 稱謂	<input type="checkbox"/> Prof 教授 <input type="checkbox"/> Dr 博士 <input type="checkbox"/> Ir 工程師 <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Ms 女士 / 小姐	*Date of Birth 出生日期	(DD/MM/YYYY)
*Mobile No. 手提電話		Office No. 公司電話	
Nationality 國籍		ID/Passport No. 身份證/護照號碼	_____ HK ID MO ID PASSPORT
*Wechat ID 微信號		*Years of Professional Experience 專業經驗	____ Years 年 ____ Months 月
Address 地址			

Current Professional / Designation 現有專業資格/ 稱號 (Provide data of RPE / RPS / Dr. / QP of WSPB/Water Research 提供專業註冊工程師/專業註冊測量師/博士/香港水務處水安全合資格人士/水務研究資料),

*Please **attach documentary evidence** authenticated by at least one supporter 請附上至少由 1 名支持者認證之證明文件副本

Personal Field of Expertise 個人專業領域 (Please tick as appropriate 請選擇)

<input type="checkbox"/> Plumbing & Drainage 供水與排水	<input type="checkbox"/> Water Treatment Technology 水質處理技術
<input type="checkbox"/> Water Simulation Modelling 水模擬模型	<input type="checkbox"/> Regulation & Compliance 監管與合規
<input type="checkbox"/> Building Services Engineering 樓宇設施工程	<input type="checkbox"/> Specialist Supplier & Contractor 專門供應/承造
<input type="checkbox"/> Civil & Structural Engineering 土木與結構工程	<input type="checkbox"/> Building Surveying 屋宇測量
<input type="checkbox"/> DIA & SIA 雨水及污水排放影响評估	<input type="checkbox"/> Others 其他: _____
<input type="checkbox"/> Water Leakage and Seepage Detection 漏滲水檢測	

Section 3 第三部: EDUCATION QUALIFICATIONS 學歷資格 (*compulsory items 必須填寫項目)	
Academic qualification relevant to this application. 與本申請相關的學歷資格	
*Name of Institution 教育機構名稱	*Qualification 資格
* (Expected) Years of Completion (預計) 畢業年份	____ mm 月 ____ yyyy 年

*Please **attach documentary evidence** authenticated by at least one supporter 請附上至少由 1 名支持者認證之證明文件副本

Section 4 第四部：EMPLOYMENT DETAILS 就業資料 (*compulsory items 必須填寫項目)**For Professional Member ONLY 只適用於專業會員**

*Current Employer 現時僱主	*Current Position 現時職位	*Start Date of Current Position 現職生效日期
		_____mm 月 _____yyyy 年

***Current Employment Discipline 現行行業服務屬性 (Please tick as appropriate 請選擇)**

- | | | |
|----------------------------------------|-----------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Research 研究 | <input type="checkbox"/> Government 政府 | <input type="checkbox"/> Education 教育 |
| <input type="checkbox"/> Architect 建築師 | <input type="checkbox"/> Contractor 承包商 | <input type="checkbox"/> Property Management 物業管理 |
| <input type="checkbox"/> Builder 建築商 | <input type="checkbox"/> Designer 設計 | <input type="checkbox"/> Supplier 供應商 |
| <input type="checkbox"/> Consultant 顧問 | <input type="checkbox"/> Developer 發展商 | <input type="checkbox"/> Others 其他: _____ |

Past Working Experience 過去工作經驗***Compulsory Items for Current Position LESS than 4 years 現職工作年資不足 4 年者必須填寫**

Period (mm 月/yyyy 年)		Name of Company 公司名稱	Position & Responsibility 職位 & 職責
From 由	To 至		

Section 5 第五部：*Supporter 支持者 (*compulsory items 必須填寫項目)

*Supporter 1 支持者 1	*Supporter 2 支持者 2
*Name 姓名: _____	*Name 姓名: _____
Email 電郵: _____	Email 電郵: _____

Section 6 第六部：*DECLARATION AND SIGNATURE (*compulsory items 必須填寫項目)

Privacy Policy 私隱政策 - Personal Information Collection Statement ("PICS") 個人資料收集聲明
The Hong Kong Institute of Water and Sanitation of Safety Limited will collect certain information from you, including, without limitation, your information provided on the application form when you submit your application for the purposes of and related to the membership and your application including the purposes to assess and approve or disapprove your application for membership and internal communications. Only authorized are accessible to your personal information. Your personal information will not be disclosed to any other third party without your consent. 全
香港水務安全學會有限公司將收集您的某些資料，包括但不限於您在申請時提供的申請表以及與會員和您的申請相關的資料，包括用於評估和批准或拒絕您的會員申請和內部溝通的目的。只有經過授權才能訪問您的個人資料。未經您的同意，您的個人資料不會透露給任何其他協力廠商。
Under the Personal Data (Privacy) Ordinance (Cap. 486), you have the right to ascertain whether the Institute holds your personal information, to obtain a copy of the information and data, and to correct any item of information or data which is inaccurate. You may also request the Institute to inform you of the type of personal information which the Institute holds. Requests for access and correction or for information regarding your personal information held by the Institute should be by email to the Institute.
根據“個人資料（私隱）條例”（第 486 章），您有權確定學會是否持有您的個人資料，獲取資料和資料的副本，以及更正任何不準確的資料或資料項目。您也可以要求學會通知您持有的個人資料類型。取得和更正資料的請求應通過電子郵件發送至學會。

Acknowledgement and Declaration 聲明及確認
*I ACKNOWLEDGE AND CONFIRM that I have read and understood the Personal Information Collection Statement ("PICS"). I confirm that I have been advised to read carefully the PICS, and I have read carefully its effect and impact in respect of my Personal Information collected or held by the Institute (whether contained in this application or form or otherwise). Based on the foregoing, I hereby give my acknowledgement and agree to the use of my Personal Information by the Institute in accordance with the PICS.
我確認我已閱讀並理解個人資料收集聲明("PICS")。我確認已經建議我仔細閱讀PICS 並且我已經仔細閱讀了其對我所收集或持有的個人資料的影響和影響（無論是否包含在本申請表或其他表格中）。基於上述情況，我在此表示確認，並同意研究所根據PICS使用我的個人資料。
*I DECLARE that the information given in this application, to the best of my knowledge, is true, complete and accurate. I understand that if I make any false or misleading information, my application may be declined or revoked any time. I also understand the acceptance or unacceptance of my application which is the right of the institute.
我聲明，據我所知，本申請中提供的資料是真實，完整和準確的。我瞭解如果我提出任何虛假或誤導性資訊，我的申請可能會被拒絕或撤銷。我亦明白學會有權接受或不接受我的入會申請。

*Applicant's Signature 申請人簽署	* Date of Signature 簽署日期

諮詢電郵 - info@hkiwss.org
Enquiry Email - info@hkiwss.org