LINGNAN UNIVERSITY

Office of Student Affairs

**APPLICATION FOR USE OF EQUIPMENT**

**Personal Information Collection Statement**

1. The purpose of collecting personal data by means of this form is to process your application for the captioned.

2. In order to serve the specified purposes the personal data collected may be transferred to relevant units within the University for verification. All information provided and raw data will be destroyed by the end of academic year.

3. The personal data collected will not be disclosed to third parties other than those specified without your express approval, or unless required by law.

4. Unless indicated otherwise, all personal data requested in this form is required for its purpose(s). If such data is incomplete or inaccurate, your application will be void or delayed. Any misrepresentation or false information may liable to disciplinary action by the University.

5. As a data subject, you have the right to request access to and correction of the personal data under the Personal Data (Privacy) Ordinance. For such requests, please contact Office of Student Affairs (OSA) at 26167309.

1. Applicant should be collected within 2pm to 5pm at the appointed date;
2. **Must be returned before 12:00noon on the next working day**;
3. Applicant should collect or return in person to OSA counter, and present your student ID card and your society stamp when pick up;
4. Applicant is responsible for the loss and any damage, flower basket HK$500 per item, corsage and storage box HK$40 per item and PVC name badge HK$4 per item.

I wish to apply for use of the following item(s) and I understand I am responsible for charges for repairs and/or replacement.

1. **Details of Booking**

Item(s) to be borrowed:

|  |  |  |
| --- | --- | --- |
| **Items** | **Number of Requests** | **OSA use** |
| Loud Speaker |  |  |
| Silk Corsage  |  |  |
| Silk Flower Basket |  |  |
| PVC Name Badge |  |  |

1. **Particulars of Applicant**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in English) Student No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address :

Name of Group : Position held in group :

Society Stamp: Signature:

 Date:

1. **For Official Use**

Handled by and Date: Remarks: