****

**Student with Special Educational Needs (SEN) - Personal Particulars Form**

**PART I: Personal Particulars**

|  |  |  |
| --- | --- | --- |
| **Student No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (**Chinese Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| **Programme:**  |  |
| [ ]  Taught Postgraduate Programme (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| [ ]  MPhil  | [ ] PhD |

**PART II: Indication of Special Educational Needs**

|  |  |  |  |
| --- | --- | --- | --- |
| **(A) Disability Condition**  |  |  |  |
| [ ]  Physical disability | [ ]  Visual impairment | [ ]  Hearing impairment | [ ]  Speech impairment |
| [ ]  Visceral disabilities  | [ ]  Autism | [ ]  Mental illness | [ ]  Specific learning difficulties |
| [ ]  Attention deficit/ Hyperactivity disorder | [ ]  Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (**B) Arrangement for Studies** |  |  |
| **What kind(s) of support would you like to request for? You may choose more than one.**  |
| [ ]  Classroom arrangement  | [ ]  Examination arrangement  | [ ]  Assignment arrangement |
| [ ]  Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Have you attached a valid assessment report(s) that supports your need for the arrangement(s) chosen above?** |
| [ ]  Yes |
| [ ]  No |
| **Note**: We may not be able to provide you with the requested arrangement(s) if the type and duration of the support have not been specified in the assessment report(s).  |
|  |

I declare that the information given above is correct and complete to the best of my knowledge and belief, and will report to the Graduate School any changes in the above personal particulars for maintaining an updated record.

I hereby **agree/ do not agree\*** to give my consent to the Graduate School for transferring my personal data to any relevant units of the University for the purposes of arranging the supporting measures for my indicated disability and my request for support (due to the disability) during my studies with the University. I understand that if I do not agree to transfer my personal data to other relevant units of the University for such purposes, the University may not be able to provide the requested support to my studies.

*\*Delete as appropriate*

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Privacy Policy Statement and Personal Information Collection Statement (PPS/PICS)**

According to the Privacy Policy Statement / Personal Information Collection Statement (PPS/PICS) of the Hong Kong Baptist University (the "University"), personal data of students of the University are collected and retained for a variety of reasons and used for many purposes as such have been set out in the PPS/PICS. Please visit <https://www.hkbu.edu.hk/eng/about/privacy.jsp> for access to the PPS/PICS.

Under the provision of the Personal Data (Privacy) Ordinance, request for personal data access or correction may be made and addressed to:

Graduate School, AAB 904, Level 9, Academic and Administration Building, Baptist University Road Campus, Hong Kong Baptist University, Kowloon Tong, Kowloon