The Education University of Hong Kong

Estates Office

Ref No :		
	(For office use	only)

Notification of Campus Access for Visitors/External Participants

(Applicable to the Visit/Activities/Events Involving External Visitors Only)

Contac	t Particulars			
Requesting Unit/Office: Date of		equest:		
Contact Staff:		Phone No.:	E-mail:	
Inform	ation			
1.	Title of Visit/ Activity¹ / Event¹: or Purpose of Visit:			
2.	Date:			
3.	Time:	- To		
4.	Venue:	From To		
5.	Number of Visitors/ External Participants:	(People)		
6.	Invitation of Media:	YES* / NO (Please circle the appropriate option)		
		*(Please inform Communications Office [co@	Deduhk.hk] in advance)	
	(Please fill in the suitable column below	v and obtain the corresponding authority's approv		
	of Visitors/External Participants: s than 3	Nos. of Visitors/External Participants: 3 to 50	Nos. of Visitors/External Participants: More than 50	
3 w	rn the form with the list ² at least orking days before the ity/event)	(return the form with the list ² at least 5 working days before the activity/event)	Before returning the form with the list to EO Please confirm the following with a "√" (return the form with the list² at least	
Name	e of Staff:	Name of HoD/ Dean:	7 working days before the activity/event) Name of HoD/ Dean:	
Signa	ture:	Signature:	Signature:	
Date:		Date:	Date:	

Note ¹ the hosting department shall ensure that the invited visitors/external participants will not be engaged in commercial, political, profit-related, promotional and/or personal activity without permission. Note ² the completed form together with the name list should be returned to EO via email at wmeo@eduhk.hk.		□ We have copied this application to our respective Line Vice President / President for information (Please confirm and "√" the box above) ***********************************		
7.	Remarks:			