

社會福利署
私營殘疾人士院舍「自願登記計劃」申請表
Social Welfare Department
Voluntary Registration Scheme
Application Form

1. 院舍名稱 : _____
Name of the Home (in Chinese)

(in English)
2. 地址 Address: _____
3. 電話 Tel. No.: _____ 傳真 Fax No.: _____
4. 電郵地址 Email Address: _____
5. 營辦人／營辦機構* 名稱 Name of Proprietor／Organization:
 - 5.1 _____ (in Chinese)
 - 5.2 _____ (in English)
6. 香港身份證號碼 HKIC No.: _____
7. 地址 Address: _____
8. 電話 Tel. No.: _____ 傳真 Fax No.: _____
9. 電郵地址 Email Address: _____
10. 負責人／主管* 姓名 Name of Operator／Manager:
 - 10.1 _____ (in Chinese)
 - 10.2 _____ (in English)
11. 香港身份證號碼 HKIC No.: _____
12. 地址 Home Address: _____
13. 電話 Tel. No.: _____ 傳真 Fax No.: _____
14. 電郵地址 Email Address: _____
15. 商業登記 Business Registration : No. _____
(請呈交副本 Submission of photocopies)
16. 樓面面積 Floor Area (M²): _____
(除平台、戶外地方及花園以外的樓宇總面積)
(Total area of premises excluding podium, open space & garden area)
(請呈交有關最新的圖則／樓宇內部間隔圖則。詳情請參考附件一。)
(Submission of relevant and up-to-date drawings／layout plans. Please refer to Annex 1 for details.)

17. 租金及差餉 Rent & Rates
- 17.1 每月之租金, 如適用 Rental (\$ p.m.), if applicable: \$ _____
- 17.2 每季之差餉, 如適用 Rates (\$ p.q.), if applicable: \$ _____
18. 宿位數目 Capacity: _____
19. 截至 As at _____ (日期 Date) 入住人數共 No. of residents: _____
(請於附件二填寫所有院友資料)
(Please fill in the information of residents in Annex 2)
20. 每月之住宿收費 Fees (\$ p.m.): _____
21. 按金, 如適用 Deposit (\$), if applicable: _____
22. 其他收費, 請註明 Other Charges, please specify : _____

23. 職員 Staffing
(請於附件三填寫所有職員資料.)
(Please enter all particulars in Annex 3 attached.)
24. 醫療服務 Medical Service
- 24.1 是否有註冊西醫到診 Is/are visiting doctor(s) available? _____
- 24.2 到診次數 Frequency of visit: _____

*請將不適用者刪去 Delete whichever inappropriate

25. **聲明 *Declaration:***

據本人 _____ (全名), 香港身份證號碼 _____ 所知, 上文所填報資料, 均屬正確無訛, 全屬事實, 特此聲明。本人已閱讀及明白「私營殘疾人士院舍自願登記計劃申請須知」的內容, 並願意遵守該文件所述規定。

I, _____ (Full name), holder of HKIC No. _____, declare that to the best of my knowledge, the above information is accurate and true. I have also gone through and understood the content of the “Notes of Application for Voluntary Registration Scheme for Private Residential Care Homes for Persons with Disabilities” and will comply with the conditions stated therein.

營辦人／負責人／主管簽署：

Signature of Proprietor／Operator／Manager: _____

(_____)

全名 Full Name

日期 Date: _____

備註：填寫申請表時，請先細閱附件四。

Remark: Please go through Annex 4 before filling in this application form.

只供社署職員填寫 Official Use only

<i>Date of Receipt :</i>		<i>Received by :</i>	
<i>Business Registration :</i>		<i>Layout Plans :</i>	
<i>Staff list :</i>		<i>Qualification Proof :</i>	

提交私營殘疾人士舍圖則指引

Guidance Notes on Submission of Floor Plans for PRCHD

1. 應提交兩套圖則。申請人應在每張圖則上妥為簽署〔如以個人名義申請〕或蓋上公司／機構的印鑑〔如以公司／機構名義申請〕。
1. 2 sets of floor plans should be submitted. Each plan should be duly signed by the applicant (if the applicant is an individual) or stamped with the company／organization chop (if the applicant is a company or an organization).
2. 應把私營殘疾人士院舍名稱〔中英文〕、地址〔中英文〕及提交圖則的日期清楚寫在每張圖則上。
2. Name of home (in Chinese and English), address (in Chinese and English) and the date of submission should be clearly written on each plan.
3. 每張圖則須按 1：100 或 1：50 的比例來繪製。至於只顯示院舍一小部份的圖則，1：20 的比例也可接受。
3. Each plan should be drawn to the scale of 1：100 or 1：50. For part plan, 1：20 is also acceptable.
4. 應用紅線標示申請自願登記的範疇。
4. The area of the home to be registered should be demarcated in red on the plan.
5. 應標明擬設的私營殘疾人士院舍處所的總實用樓面面積及總人數〔包括宿位及職員〕〔請參閱《殘疾人士院舍實務守則》第六章 6.2 段〕。
5. The total net floor area and number of persons (including the staff and disabled) of the proposed premises should be indicated. (Please refer to para.6.2 of the Code of Practice for Residential Care Homes for Persons with Disabilities 2002 March).

目前所收納的殘疾人士

	姓名	性別*		年齡	殘疾類別*							所需照顧及協助程度*				正接受的服務類別 (註) (可選多項)	
		男	女		弱智			肢體傷殘			失明	精神病 康復者	深入	高度	中度		輕微
					輕度	中度	嚴重	輕度	中度	嚴重							
1																	
2																	
3																	
4																	
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註：1：特殊學校 2：庇護工場 3：輔助就業 4：綜合職業訓練中心 5：綜合職業康復服務中心 6：日間展能中心 7：訓練及活動中心
 8：家居訓練及支援服務 9：職業治療 10：物理治療 11：臨床心理服務 12：社區精神健康連網服務 13：精神科社康護士 14：社康護士
 15：日間社區康復服務 16：嚴重殘疾人士日間照顧服務 17：個人發展計劃 18：新近失明人士支援計劃 19：其他津助訓練服務

* 請於適當地方加上 ✓ 號

附件四收集個人資料之前致資料當事人的通知書

向社會福利署提供個人資料之前，請先細閱本通知書。

收集資料的目的

1. 社會福利署（社署）會使用你所提供的個人資料，向你提供你所需要的適當援助或服務，包括監察及檢討各項服務、進行研究及調查，以及履行法定職責。向社署提供個人資料，純屬自願。如你未能提供足夠的個人資料，本署可能無法處理你的申請或向你提供援助／服務。

可能經由社署轉介資料的人士的類別

2. 你所提供的個人資料，會供本署在工作上有需要知道該等資料的職員使用。除此之外，本署職員在需要時亦只會向下列有關方面披露該等資料：

- (a) 其他涉及評定你的申請，或向你提供服務／援助的有關方面，例如政府決策局／部門、非政府機構及公用事業公司；
或
- (b) 你會同意向其披露資料的有關方面；或
- (c) 由法律授權或法律規定須向其披露資料的有關方面。

查閱個人資料

3. 除了《個人資料(私隱)條例》規定的豁免範圍之外，你有權就社署備存有關你的個人資料提出查閱及改正要求。不過，在一般情況下，如使用資料的目的已經完成，本署會刪除有關的個人資料。在條例內訂下的查閱權利是指在繳付所需費用後，取得載有你個人資料的複本一份。查閱資料要求應以申請表格或書信提出。你可到社署各辦事處／中心索取查閱資料申請表格。

對你申請的服務的查詢、查閱及改正個人資料的要求

4. 請確保你向社署提供的資料正確無誤。如你對所提交的援助／服務申請有任何查詢，或對所提供的資料有任何更改，亦請聯絡向你收集資料的辦事處。

5. 如果你希望知道社署是否持有你的個人資料，以及在查閱個人資料後改正所得資料的要求，請向下列人士提出：

職位名稱：高級社會工作主任（私營殘疾人士院舍登記辦事處）

地址：香港灣仔皇后大道東 248 號 15 樓 1508 室

電話：2891 6379

Notice to Data Subject Before Collection of Personal Data

Please read this notice before you provide any personal data to the Social Welfare Department

Purposes of Collection

1. The personal data supplied by you will be used by the Social Welfare Department (SWD) to provide appropriate assistance or service from SWD which is relevant to your needs, including monitoring and review of services and conducting of research and surveys, and for discharging statutory duties. The provision of personal data to SWD is voluntary. If you do not provide sufficient personal data, we may not be able to process your application or provide assistance/service to you.

Classes of Transferees

2. The personal data you provide will be made available to persons working in the Department on a need-to-know basis. Apart from this, they may only be disclosed to the relevant parties listed below :-

- (a) Other parties such as government bureaux / departments, non-governmental organizations and public utility companies **if** they are involved in the assessment of application from or provision of service/assistance to you;
- (b) Where you have given consent to such disclosure; or
- (c) Where such disclosure is authorized or required by law.

Access to Personal Data

3. Except where there is an exemption provided under the Personal Data (Privacy) Ordinance, you have a right of access to and correction of personal data held on you when the data have not been erased. However, data will usually be erased after fulfilling the purposes of collection. Your right of access under the Ordinance means the right to obtain a copy of your personal data subject to payment of a fee. Applications for access to data should be made either on application form or by a letter. Application forms for access to data are available at offices/centres of SWD.

Enquiries, Access to and Correction of Personal Data

4. Please ensure that the data you provide to SWD are accurate. If you have enquiries concerning your application for assistance/service or if there are changes in the data you provide, please contact the office which collected the data from you.

5. Requests for access to personal data collected by SWD and correction of data obtained from a data access request should be addressed to –

Post title: Senior Social Work Officer
(Registration Office of Private Residential Care Homes for Persons with Disabilities)
Address : Unit 1508, 15/F, 248 Queen's Road East, Wan Chai, Hong Kong
Tel. No. : 2891 6379