

Social Welfare Department

Emergency Relief Fund (ERF) Application Form – Grants in respect of death or personal injury

Part A: Applicant / Victim's information

Name of Victim (Injured / Deceased) (Chi.) _____ (Eng.) _____ Sex _____ Age _____

Hong Kong Identity Card / Birth Certificate No. _____ Tel. No. _____

Residential Address _____

Correspondence Address (if different from residential address) _____

Nature of Incident *Fire / Flooding / Tempest / Landslide / Typhoon / Other natural disaster _____

Date of Incident _____ Location _____

I would like to apply for the grant(s) in respect of death or personal injury under ERF as follows:

☐ Injury Grant	☐ *I / Victim *sustained injuries / was hospitalised due to the aforementioned incident, and was given a total of _____ days of *sick leave / hospitalisation (i.e., from _____ to _____ inclusive); and medical certificate(s) issued by a registered medical practitioner / Chinese medicine practitioner *is / are hereby provided / cannot be provided. I hereby give my consent to the Social Welfare Department (SWD) making medical enquiries about *my / victim's medical conditions with (and / or obtaining medical reports from) any relevant hospitals and / or medical practitioners.
☐ Interim Maintenance Grant (must be an applicant of Injury Grant)	☐ At the time of the incident, *I / victim was a wage earner and suffer(s) loss of working capacity / earnings due to the aforementioned incident. *I / Victim worked as _____ with a monthly income of _____. Proof of employment / income / employer *is hereby provided / cannot be provided. I hereby give my consent to SWD to make enquiry to *my / victim's employer(s); Name of Company _____ Tel. _____ *Fax _____ *Address _____ *Email _____ *Contact Person _____ Or ☐ *I / Victim was a non-wage earner and a parent with a child / children under the age of 15 . The relationship proof *is hereby provided / cannot be provided.
☐ Disability Grant	☐ Noted that the amount of grant is on account of degree of disability as provided for under the Employees' Compensation Ordinance, abated to 2/3 for persons aged 60 and over. *I / Victim may need to attend a Medical Assessment Board.
☐ Burial Grant	☐ Noted that if burial expenses were paid, whether in full or in part by the Government (such as under the Comprehensive Social Security Assistance Scheme) or by any charitable fund, the amount of burial grant shall be reduced by the amount of such payment.
☐ Death Grant	☐ Loss of *the sole / one of the wage earners in the family where there are dependants (see Part B). Victim was employed as _____ with a monthly income of _____. Proof of employment *is hereby provided / cannot be provided; Or ☐ Loss of a non-wage earner who was a parent with a child / children under the age of 15 . Information of dependants *is hereby provided / cannot be provided.

Part B: Dependants' information (Applicable to applications for 'Death Grant' ONLY)

(Applicant shall provide the relevant information and required supporting documents when meeting with the staff)

Name of Dependant (in block letters)	Sex	Age	Relationship with the deceased	No. of Identity Document	Under the same roof ^{Note}	Wage earner in the family
	*M / F		_____ of the deceased		*Yes / No	*Yes / No
	*M / F		_____ of the deceased		*Yes / No	*Yes / No
	*M / F		_____ of the deceased		*Yes / No	*Yes / No
	*M / F		_____ of the deceased		*Yes / No	*Yes / No
	*M / F		_____ of the deceased		*Yes / No	*Yes / No
	*M / F		_____ of the deceased		*Yes / No	*Yes / No

Note: For those dependant(s) not living under the same family roof, normally should be closely related family members who have been financially dependent on the deceased and can show this to be so (that is, remittance receipts, letters and statutory declarations, and the financial dependency must be regular).

* Delete whichever is inappropriate ☐ Please indicate '✓' where appropriate

Signature of *victim / applicant: _____

Date: _____

Part C: Payment method

(Applicant shall provide the relevant information and required supporting documents when meeting with the staff)

I choose the following method to receive the grant payment of ERF (Please choose **ONE** of the following options and put “✓” in the appropriate box) -

☐ **Bank Transfer:** I agree that any grant approved under the ERF be deposited into the following bank account:

Bank Account Holder Name in **English** ^{Note 1} : _____ Bank Name _____

Bank Code ^{Note 2}

--	--	--

Branch Code ^{Note 2}

--	--	--

Bank Account
Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ **Cheque** ^{Note 3} : Payee's Name: _____

Note 1: The bank account should have the same name as the payee's name and should be provided in **English**. Where payment is to be made into a joint account, the full name of the joint account in English must be stated and the payee's name should form part of the name of the joint account.

Note 2: If you do not know the bank / branch code of your account, please contact your banker.

Note 3: Please specify if cash cheque is needed.

I wish to apply for ERF and hereby give my consent to SWD to refer *my / victim's sick leave certificate(s), when and where considered necessary, to the Hospital Authority / Department of Health for re-assessment and understand that, if necessary, *I / victim may be required to undergo medical examination by doctors of the Hospital Authority / Department of Health.

I have read the "Personal Information Collection Statement" below and understand its content.

I undertake to inform the other members of *my / victim's household and other relevant persons mentioned in this form that their personal data have been provided to the SWD for the purpose of this application and the relevant debt recovery if later the circumstances warrant it.

Relationship with victim _____

(if applicant is not the victim)

Signature of *victim / applicant

Applicant address and telephone no. (if different from the above)

_____ Date: _____

Note: The application must be made within 6 months from the date of incident.

* Delete whichever is inappropriate ☐ Please indicate '✓' where appropriate

Name / Rank of Caseworker: _____	Date: _____
----------------------------------	-------------

Personal Information Collection Statement

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) and/or those non-governmental organisations ("NGOs") which receive subventions or subsidies from or which are commissioned by SWD to provide you/the victim and/or your/the victim's family members with assistance or service from SWD and/or the aforementioned NGOs which is relevant to the needs of you/the victim and/or your/the victim's family members, including but not limited to monitoring and reviewing of services, handling complaints related to the services provided to you/the victim and/or your/the victim's family members, conducting research and surveys, preparing statistics and discharging statutory duties, as well as recovering debt related to the assistance/service provided to you/the victim and/or your/the victim's family members. The provision of personal data to SWD is voluntary. However, if you fail to provide the personal data requested of you, we may not be able to process your application or provide assistance/service to you/the victim and/or your/the victim's family members.

Classes of Transferees

2. The personal data you provide will be made available to persons working in SWD on a need-to-know basis. Apart from this, they may be disclosed to the parties or in the circumstances listed below for the purposes mentioned in paragraph 1 above -

- Other parties such as government bureaux/departments, the Hospital Authority, NGOs and public utility companies if they are involved in:
 - processing and/or assessing any application from you/the victim and/or your/the victim's family members for the provision of service/assistance to you/the victim and/or your/the victim's family members by SWD and/or the NGOs mentioned in paragraph 1 above;
 - the provision of service/assistance to you/the victim and/or your/the victim's family members by SWD and/or the NGOs mentioned in paragraph 1 above; or
 - monitoring and reviewing of the services provided by SWD and/or the NGOs mentioned in paragraph 1 above or preparing statistics;
- Complaint handling authorities such as the Office of the Ombudsman, the Office of the Privacy Commissioner for Personal Data, the Social Workers Registration Board, the Legislative Council, etc. if they are handling complaints about the services or assistance provided to you/the victim and/or your/the victim's family members by SWD;
- Where such disclosure is authorised or required by law; or
- Where you have given your prescribed consent to such disclosure.

Access to Personal Data

3. You have the right to request access to and correction of your personal data held by SWD in accordance with the Personal Data (Privacy) Ordinance, Cap 486. A fee is charged for supplying copies of personal data. Requests for access to and correction of personal data collected by SWD should be addressed to the Supervisor of the respective social security field units (For addresses and telephone numbers of social security field units, please visit our Departmental Homepage: <https://www.swd.gov.hk/en/contactus/contactinfo/>).

* Under the Personal Data (Privacy) Ordinance, Cap. 486, personal data means any data -

- relating directly or indirectly to a living individual;
- from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and
- in a form in which access to or processing of the data is practicable.