

Application Form

Notes:

1. Applicants/Guardians/Appointees should read carefully the **brief on the Scheme** and the “Personal Information Collection Statement” section of this application form before filling in the information.

2. Please complete the form in block letters with a black or blue pen. Applicants/Guardians/Appointees should **initial against any alterations** on this application form.

3. Please submit the completed application form and the documents listed in Part 6 of this application form by post to:

**Carer Allowances and Subsidies Team
Social Welfare Department
Room 404, 4/F,
Lady Trench Training Centre,
44 Oi Kwan Road,
Wan Chai, Hong Kong**

For use by the Social Welfare Department (SWD)

Application No.

HCA

1

/SWD

Date of Receipt

Enquiry Hotline : **3468 5635**

(Monday to Friday from 9:30 am to 1:00 pm and from 2:30 pm to 5:00 pm, except Public Holidays)

(The applicant refers to a person with severe disabilities applying for the subsidy under the Scheme.)

Name in English:

()

Type of identity document:

* Hong Kong Identity Card (HKIC)/
Others (Please specify below:)

/ /

(dd / mm / yyyy)

Gender: ☐ Male ☐ Female

(Home)

(Mobile)

Flat/Room:

Floor:

Block:

Name of Building/Estate:

Number and Name of Street/

Number and Name of Village:

District:

Region: ☐ H.K. ☐ KLN. ☐ N.T.

Flat/Room:

Floor:

Block:

Name of Building/Estate:

Number and Name of Street/

Number and Name of Village:

District:

Region: ☐ H.K. ☐ KLN. ☐ N.T.

E-mail address:

File reference of Disability Allowance:

☐ **Tick as appropriate.**

* **Delete whichever is inappropriate.**

Part 2 Personal Particulars of Guardian/Appointee

(If the applicant is aged below 18, the application should be made by the parent/guardian/appointee currently approved by SWD to receive Higher Disability Allowance under the Social Security Allowance Scheme on the applicant's behalf with this part completed.)

Name of guardian/appointee:	_____		HKIC no.:	_____ ()	
Contact telephone no.:	_____		Relationship with the applicant:	_____	
Correspondence address:	Flat/Room: _____	Floor: _____	Block:	_____	
	Name of Building/Estate: _____				
	Number and Name of Street/ _____				
	Number and Name of Village: _____				
	District: _____	Region:	<input type="checkbox"/> H.K.	<input type="checkbox"/> KLN.	<input type="checkbox"/> N.T.

Part 3 Applicant's Employment Earnings

(If the applicant is engaging in more than one employment, please use Supplementary Sheet to Application Form for completion.)

Name of company/employer (Note 1): _____					
Workplace address:	Flat/Room: _____	Floor: _____	Block:	_____	
	Name of Building/Estate: _____				
	Number and Name of Street/ _____				
	Number and Name of Village: _____				
	District: _____	Region:	<input type="checkbox"/> H.K.	<input type="checkbox"/> KLN.	<input type="checkbox"/> N.T.
Job nature/Sector:	_____		Employment position:	_____	
Commencement date of employment:	/ /	Current monthly earnings from	(\$)		
	(dd / mm / yyyy)	employment (Note 2):	(Earnings in exact amount)		

Note 1: When the applicant and his/her employer enter into an employment contract, the terms and conditions must comply with the prevailing employment legislation in Hong Kong.

Note 2: Applicants should have secured paid employment (not applicable to persons engaged in self-employment or working from home) with a monthly income within the prescribed income limits (under the Scheme, only the applicant's employment earnings will be taken into account but not his/her assets). Employment earnings include salary, double pay/leave pay, work allowance, bonus/prize/commission/tips, income from rendering services, etc. Please refer to the **brief on the Scheme** for details.

Part 4 Information of the Hired Carer

Name of hired carer (Note 3):	_____	HKIC no.:	_____ ()
Is the carer a foreign domestic helper? (Note 4)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Applicant/Guardian/Appointee must report the following information about receiving care:

1. Is the applicant gainfully employed but his/her relative(s)/friend(s) is/are unable to provide care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the applicant need to hire a full-time carer to assist him/her in travelling between his/her home and workplace and/or taking care of his/her activities in the workplace (including providing care for daily living) (Note 5)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the hired carer a relative or friend of the applicant (Note 6)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

☐ Tick as appropriate.

- Note 3:** When the applicant and the hired carer (who must be a full-time carer) enter into an employment contract, the terms and conditions must be in compliance with the prevailing employment and immigration (if applicable) legislation in Hong Kong. The employment contract made should be in compliance with the employment and immigration laws in Hong Kong, including in particular the Employment Ordinance, the Employees' Compensation Ordinance and the Immigration Ordinance. Moreover, **the employment contract should stipulate that the employer under the contract is the applicant (i.e. the applicant under the Scheme)** and that the employee is required to take care of a person who requires constant care and attendance.
- Note 4:** The hired carer must be a foreign domestic helper. If for any special reasons the applicant is unable to hire a foreign domestic helper, he/she must provide sufficient justifications in writing together with relevant information to SWD for consideration.
- Note 5:** The hired carer is required to assist in providing daily care to the applicant in the workplace but should not assist or participate in the gainful employment of the applicant.
- Note 6:** The hired carer must not be a relative or friend of the applicant.

Part 5 Employer of the Carer

(If the employer of the hired carer is not the applicant, please complete this part and submit a written declaration made by the employer under the existing employment contract.)

Name of carer's employer (Note 7): _____	Relationship with applicant: _____
Contact no.: _____	
Residential Address:	Flat/Room: _____ Floor: _____ Block: _____
	Name of Building/Estate: _____
	Number and Name of Street/ Number and Name of Village: _____
District: _____	Region: <input type="checkbox"/> H.K. <input type="checkbox"/> KLN. <input type="checkbox"/> N.T.
Signature of employer: _____	

Note 7: For an applicant already being taken care of directly by a carer hired by family members living together (i.e. the carer who is taking care of the applicant is not hired by the applicant) at the launch of the Scheme, if the current employer of the carer agrees to disclose his/her personal data to SWD for verification, SWD may consider processing the application in which the carer has been hired to take care of the applicant and his/her families before the applicant's participation in the Scheme, based on the principle of giving provisional approval. It means that if the carer is hired mainly for taking care of the applicant of the Scheme (with a written declaration signed by the current employer in the employment contract for confirmation) and the applicant also satisfies all the other eligibility criteria under the Scheme, SWD may consider giving provisional approval for subsidy to be disbursed during the validity period of the current employment contract. Upon the expiration of the current employment contract, a new employment contract in compliance with Note 3 above will have to be submitted by the applicant, based also on the understanding that the terms in the new employment contract will also comply with relevant legislation in Hong Kong.

Part 6 Documents to be Submitted

The applicant/guardian/appointee should submit documents below for this application:

- Copy of the applicant's identity document
- Copy of the guardian's/appointee's identity document (if the applicant is aged below 18)
- Documentary evidence of the applicant's employment and relevant income proof
- Copy of the employment contract and relevant visa of the hired carer
- Copy of the hired carer's identity document and travel document
- Written declaration made by the employer under the existing employment contract (if Part 5 above is applicable)
- Others (Please specify: _____)

☐ Tick as appropriate.

Part 7 Declaration and Undertaking by the Applicant/Guardian/Appointee

1. I, the undersigned, declare that I am the applicant indicated in Part 1 or the guardian/appointee in Part 2 of this application form.
2. I have read/have been read and explained the brief on the Scheme and the "Personal Information Collection Statement" section of this application form and fully understand the content.
3. I agree that the Social Welfare Department (SWD) may use the data supplied by me, including my personal data/the personal data of me and the applicant and the personal information of my employer, the hired carer and the carer's employer, to provide me/the applicant with the appropriate assistance or services relevant to my/the applicant's needs, including but not limited to processing of my application/my application made on the applicant's behalf for the Scheme (including assessing and/or investigating my/the applicant's eligibility for the Scheme), releasing subsidy payment to me/the applicant, monitoring and reviewing various services, handling complaints about the services provided to me/the applicant, conducting researches and surveys, preparing statistics and discharging statutory duties, etc. I agree that for the purposes above, SWD may transfer the data internally and disclose them to other parties involved in the assessment of my application/my application made on the applicant's behalf or provision of services/assistance to me/the applicant, such as government bureaux/departments, the Hospital Authority (HA), non-governmental organisations (NGOs), public utility companies and 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 me/the applicant by SWD.
4. I agree that SWD may use the personal data of me/the applicant in its possession and obtain the personal data of me/the applicant from other government bureaux/departments, HA, relevant service providers, NGOs and public utility companies, etc. for such purpose as verifying the data collected by SWD under the Scheme and investigating the eligibility of this application for the Scheme, and proceeding data matching procedure regularly with the SWD Computerised Social Security System to check my/the applicant's latest status of receiving Higher Disability Allowance under the Social Security Allowance Scheme in order to provide me/the applicant with the appropriate assistance or services relevant to my/the applicant's needs. I also agree that the above government bureaux/departments and NGOs may provide the required data and records to SWD.
5. I confirm that I have consulted all the persons mentioned in this application form and supplementary sheet to this application form (if applicable) and secured their prescribed consent that SWD may use their personal data in its possession and obtain their personal data from other government bureaux/departments, HA, relevant service providers, NGOs and public utility companies, etc. for such purposes as verifying the data collected by SWD under the Scheme and investigating my/the applicant's eligibility for the Scheme in order to provide me/the applicant with the appropriate assistance or services under the Scheme as needed. I also confirm that I have secured the prescribed consent of all the persons mentioned in this application form and supplementary sheet to this application form (if applicable) for the above government bureaux/departments and organisations to provide the required data and records to SWD. If I am the "relevant person"* in relation to the applicant under the Personal Data (Privacy) Ordinance (Cap.486), and the applicant is incapable of understanding this new purpose of using his/her personal data and deciding whether to give the prescribed consent, I hereby, on the applicant's behalf, give the prescribed consent to SWD for using his/her data in its possession and obtaining his/her personal data from the above government bureaux/departments and organisations for purposes for the provision of assistance or service which is relevant to my/the applicant's needs, including verifying the data collected by SWD and investigating the eligibility of the applicant for the Scheme.
6. I understand and agree that SWD has the right to conduct comprehensive checks in the course of processing my application/my application made on the applicant's behalf or after the payment of the subsidy to ensure that all information provided by me/the applicant are true, complete and accurate. I also undertake to provide full cooperation with SWD, including in the provision of detailed information on my/the applicant's income and other information for assessment by SWD. SWD shall otherwise have the right to disqualify my application/my application made on the applicant's behalf and/or request my full or partial repayment of the subsidy.
7. I agree that the subsidy under the Scheme be deposited by SWD directly into the bank account which I/I, on the applicant's behalf, use for receiving Higher Disability Allowance under the Social Security Allowance Scheme. I undertake that the payment so received will be administered and spent for the benefit of the applicant (*applicable to an application made by guardian/appointee on the applicant's behalf*). I also agree and undertake to report immediately to SWD any changes in information submitted while receiving the subsidy under the Scheme. I understand and agree that if there is any amount overpaid or mispaid to me under the Scheme, I must refund the amount certified by SWD as overpayment or mispayment, including but not limited to their retrieving the amount directly from my bank account for receiving the subsidy and the bank deducting the bank account with the overpaid or mispaid amount.
8. I declare that all data in this application form, supplementary sheet to this application form (if applicable) and other data submitted/to be submitted under the Scheme are true, complete and accurate, and I undertake to notify SWD forthwith of any change in the data provided. I understand that I may be liable to prosecution if I knowingly or willfully make any false statement, withhold any data or mislead SWD in any other manner to obtain the subsidy under the Scheme. I understand that deliberate provision of false information or omission of information in order to obtain subsidy under the Scheme by deception is a criminal offence. In addition to becoming ineligible for the subsidy under the Scheme, relevant persons may be liable to prosecution and on conviction, imprisonment for a maximum of 14 years under the Theft Ordinance (Cap. 210).

Applicant/Guardian/Appointee: _____

Date: _____

(Signature)

(Name)

*According to Section 2 of the Personal Data (Privacy) Ordinance (Cap.486), “relevant person”, in relation to an individual, means –

- (a) where the individual is a minor, a person who has parental responsibility for the minor;
- (b) where the individual is incapable of managing his own affairs, a person who has been appointed by a court to manage those affairs;
- (c) where the individual is mentally incapacitated within the meaning of section 2 of the Mental Health Ordinance (Cap. 136) -
 - (i) a person appointed under sections 44A, 59O or 59Q of that Ordinance to be the guardian of that individual; or
 - (ii) if the guardianship of that individual is vested in, or the functions of the appointed guardian are to be performed by, the Director of Social Welfare or any other person under section 44B(2A) or (2B) or 59T(1) or (2) of that Ordinance, the Director of Social Welfare or that other person

Personal Information Collection Statement

Purposes of Collection

1. The personal data* provided by you will be used by the Social Welfare Department (SWD) in order to provide you/the applicant with assistance or services as needed, including but not limited to processing your application for the “Scheme on providing subsidy for Higher Disability Allowance recipients in paid employment to hire carers”, assessing and investigating the eligibility of you/the applicant, releasing the subsidy payment to you/the applicant, monitoring and reviewing various services, handling complaints about the services provided to you/the applicant, conducting research and surveys, preparing statistics and discharging statutory duties. The provision of personal data to SWD is entirely voluntary. However, failure to provide the required personal data may render SWD unable to process your application or provide assistance or services to you/the applicant.

Classes of Transferees

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

- (a) other parties (such as government bureaux/departments, the Hospital Authority, non-governmental organisations and public utility companies) **if** they are involved in:
 - (i) vetting and/or assessing any application from you/the applicant for the provision of services/assistance to you/the applicant by SWD mentioned in paragraph 1 above;
 - (ii) the provision of services/assistance to you/the applicant by SWD mentioned in paragraph 1 above;
or
 - (iii) monitoring and reviewing the services provided by SWD mentioned in paragraph 1 above or preparing statistics;
- (b) 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 applicant by SWD;
- (c) where such disclosure is authorised or required by law; or
- (d) 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 or correction of personal data collected by SWD should be addressed to:

Post: Senior Social Work Officer (Carer Allowances and Subsidies Team)
Address: Carer Allowances and Subsidies Team
Social Welfare Department
Room 404, 4/F, Lady Trench Training Centre, 44 Oi Kwan Road, Wan Chai, Hong Kong

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

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

**“Scheme on providing subsidy for Higher Disability Allowance recipients
in paid employment to hire carers”
Supplementary Sheet**

Applicant's Employment Earnings (Cont'd)

2nd Job

Name of company/employer (**Note 1**): _____

Workplace address: Flat/Room: _____ Floor: _____ Block: _____

Name of Building/Estate: _____

Number and Name of Street/

Number and Name of Village: _____

District: _____ Region: ☐ H.K. ☐ KLN. ☐ N.T.

Job nature/Sector: _____ Employment Position: _____

Commencement date _____ / _____ / _____ Current monthly earnings from _____ (\$)
of employment: (dd / mm / yyyy) employment (**Note 2**): (**Earnings in exact amount**)

3rd Job

Name of company/employer (**Note 1**): _____

Workplace address: Flat/Room: _____ Floor: _____ Block: _____

Name of Building/Estate: _____

Number and Name of Street/

Number and Name of Village: _____

District: _____ Region: ☐ H.K. ☐ KLN. ☐ N.T.

Job nature/Sector: _____ Employment Position: _____

Commencement date _____ / _____ / _____ Current monthly earnings from _____ (\$)
of employment: (dd / mm / yyyy) employment (**Note 2**): (**Earnings in exact amount**)

Note 1: When the applicant and his/her employer enter into an employment contract, the terms and conditions must comply with the prevailing employment legislation in Hong Kong.

Note 2: Applicants should have secured paid employment (not applicable to persons engaged in self-employment or working from home) with a monthly income within the prescribed income limits (under the Scheme, only the applicant's employment earnings will be taken into account but not his/her assets). Employment earnings include salary, double pay/leave pay, work allowance, bonus/prize/commission/tips, income from rendering services, etc. Please refer to the **brief on the Scheme** for details.

Applicant/Guardian/Appointee: _____ Date: _____

(Signature)

(Name)

☐ Tick as appropriate.