院舍輸入護理員特別計劃 Special Scheme to Import Care Workers for Residential Care Homes

院舍全職本地僱員資料報表 Information of Full-time Local Employees of Residential Care Home

牌照處檔號/私營醫療機構編號* LORCHE/LORCHD/PHF* No. 院舍名稱 Name of Residential Care Home 院舍地址 Address of Residential Care Home 院舍電話 Telephone No. 全職本地僱員總人數(包括院舍所有工種) Total Number of Full-time Local Employees (including all types of staff of the home) 全職本地護理員每月工資幅度(不包括超時工資) Salary Range of Full-time Local Care Worker(s) per month (excluding any overtime pay) 全職本地護理員每月工資平均數(不包括超時工資) Average Salary of Full-time Local Care Worker(s) per month (excluding any overtime pay)			:			
序號 S/N	職位 Post	全職本地僱員人數 Number of Full-time Local Employees	序號 S/N	職位 Post	Numbe	ド地僱員人數 er of Full-time dl Employees
1	護理員		7			<u></u>
2			8			
3			9			
4			10			
5			11			
6			12			
注意事項 Remarks: (1) 如本頁行數不足填寫,請自行影印及必須在每頁填上獨資經營者/董事/獲授權合夥人/獲授權代表姓名和簽署,以及蓋上申請者蓋印。 Please make copies of this page for insufficient space, with the name of sole proprietor / director / authorised partner / authorised representative together with the applicant's chop on each page. (2) 「院舍輸入護理員特別計劃」的本地僱員與輸入護理員的比例是以全職本地僱員計算,而全職是指該僱員每周總工作時數不少於35小時。 Under the Special Scheme to Import Care Workers for Residential Care Homes, the ratio of local employees to imported care workers is calculated on basis of full-time.						
(3) (4)	local employees, and a full-time employee refers to one who works not less than 35 hours per week. 每周工作不少於 35 小時的兼職/替假本地護理員,若同時每月平均工作日數或時數不少於一般輸人護理員每月工作時間的80%(即每月平均工作日數÷26 日 ≥ 0.8 或每月平均工作時數÷26÷9 小時 ≥ 0.8),才會被視為全職護理員。 A part-time/substitute local care worker will be regarded as a full-time care worker on the condition that he/she works no less than 35 hours per week and his/her average number of working days or the number of working hours per month is not less than 80% of working time of an imported care worker (i.e. average working days per month÷26 days ≥ 0.8 or average working hours per month÷26÷9 hours ≥ 0.8).					
署, I dec with proc spec	社會福利署會終止處理本申請及在抗 clare that all information furnished he shold any information, or otherwise	指定時間内不會接受本院 nere is true and accurate e mislead the Social V not accept any quota ap	院舍的 e. I und Welfare pplicati	T意或存心提出不正確資料或隱瞞任何專配額申請,本人亦須負上有關的法律責 lerstand that if I knowingly or wilfully reduced Department, the Social Welfare Depion of our residential care home within	t任。 make any partment	y false statement or
	(經宮石/軍事/復坟惟台粉人/)權代表姓名*#(請以正楷填寫)					
Name	e of sole proprietor / director / authorised pa					
autho	orised representative*# (in block letters):					
簽署Signature:			日期	引Date:		