

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

已獲「補充勞工計劃」原則性批准輸入 / 「院舍輸入護理員特別計劃」配額但有關輸入護理員
(包括替補輸入護理員) 仍未到港報表

List of imported care workers (including replacement of imported care workers) not yet arrived in Hong Kong while approval-in-principle for importation under the Supplementary Labour Scheme / quota(s) under the Special Scheme to Import Care Workers for Residential Care Homes have been granted

(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.)

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. : _____
現仍未到港輸入護理員總人數
Total Number of Imported Care Worker(s) has/ have not yet arrived in Hong Kong : _____

[請注意：每一序號代表一個已獲「補充勞工計劃」原則性批准輸入／「院舍輸入護理員特別計劃」配額但現仍未到港的輸入護理員（包括替補輸入護理員）。]

[Please note: Each serial number(S/N) represents one imported care worker (including replacement of imported care workers) who was covered by approval-in-principle for importation under Supplementary Labour Scheme / quota granted under the Special Scheme to Import Care Workers for Residential Care Homes but have not arrived in Hong Kong yet.]

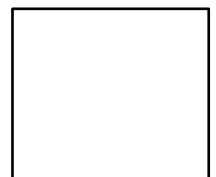
序號 S/N	所屬計劃編號（請在適當方格內填寫） Reference No. of Scheme related (Please fill in the appropriate box)		原則上批准／配額批出日期 （請按日期先後順序列出） Date of Approval-in-principle / Quota Granted (Please list in chronological order)	僱用期剩餘月數 Remaining Month(s) of Employment Period
	「補充勞工計劃」 檔案編號 Supplementary Labour Scheme Reference No.	「院舍輸入護理員特別計劃」 配額編號 Special Scheme to Import Care Workers for Residential Care Home Quota No.		
1				
2				
3				
4				
5				

本人聲明在此文件內提供的資料均屬真實及正確。本人明白如本人蓄意或存心提出不正確資料或隱瞞任何事項，或錯誤引導社會福利署，社會福利署會終止處理本申請及在指定時間內不會接受本院舍的配額申請，本人亦須負上有關的法律責任。

I declare that all information furnished here is true and accurate. I understand that if I knowingly or wilfully make any false statement or withhold any information, or otherwise mislead the Social Welfare Department, the Social Welfare Department will terminate the processing of this application and will not accept any quota application of our residential care home within a specified period of time, and also I shall bear the legal responsibilities.

獨資經營者／董事／獲授權合夥人／
獲授權代表姓名*#（請以正楷填寫）
Name of sole proprietor / director / authorised partner /
authorised representative*# (in block letters) : _____

申請者蓋印
Applicant's chop



簽署Signature : _____ 日期Date : _____

*請刪去不適用者。*Please delete where inappropriate

#姓名、簽署及申請者蓋印必須與「院舍輸入護理員特別計劃」申請表第6部分的申請者姓名、簽署及申請者蓋印相同。
#The name, signature and applicant's chop must be the same as in Part 6 of the application form of the Special Scheme.