



社會福利署

Social Welfare Department

院舍輸入護理員特別計劃

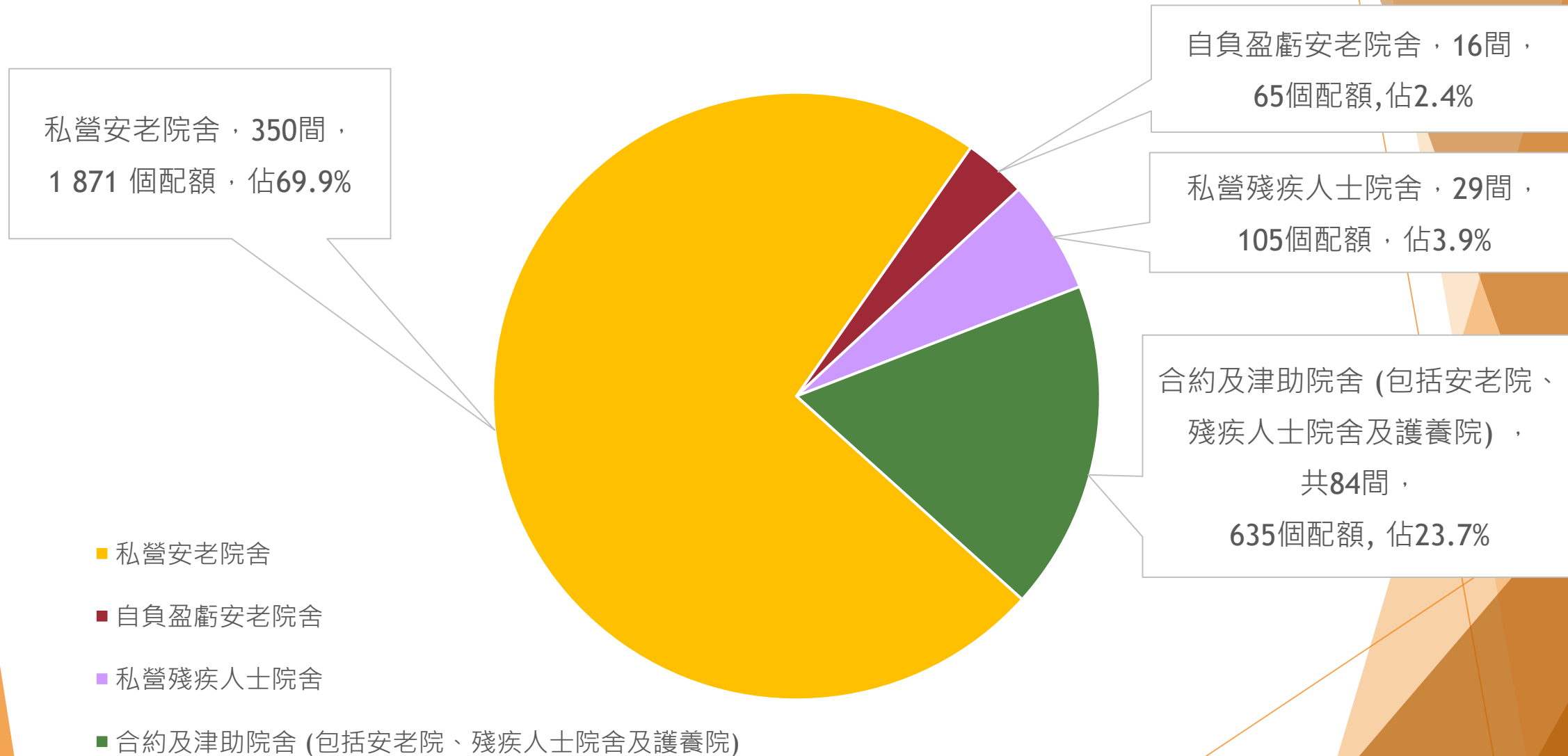
第二輪申請概況及 常見問題

2023年 12月19日

第二輪申請概況

- ▶ 接受申請期：28.9.2023-11.10.2023
- ▶ 共接獲申請：479宗
- ▶ 申請配額總數：2676個

各類別院舍申請配額的數目



優化配額分配方案

- ▶ 在符合「特別計劃」的審批準則下，以分層的方案先處理續約的配額申請及用作續約以外的配額申請：

第一層：與現職由「補充勞工計劃」輸入的護理員續約。此等用作續約的配額不會從第二輪申請擬發出的約1000個配額數目中扣除。

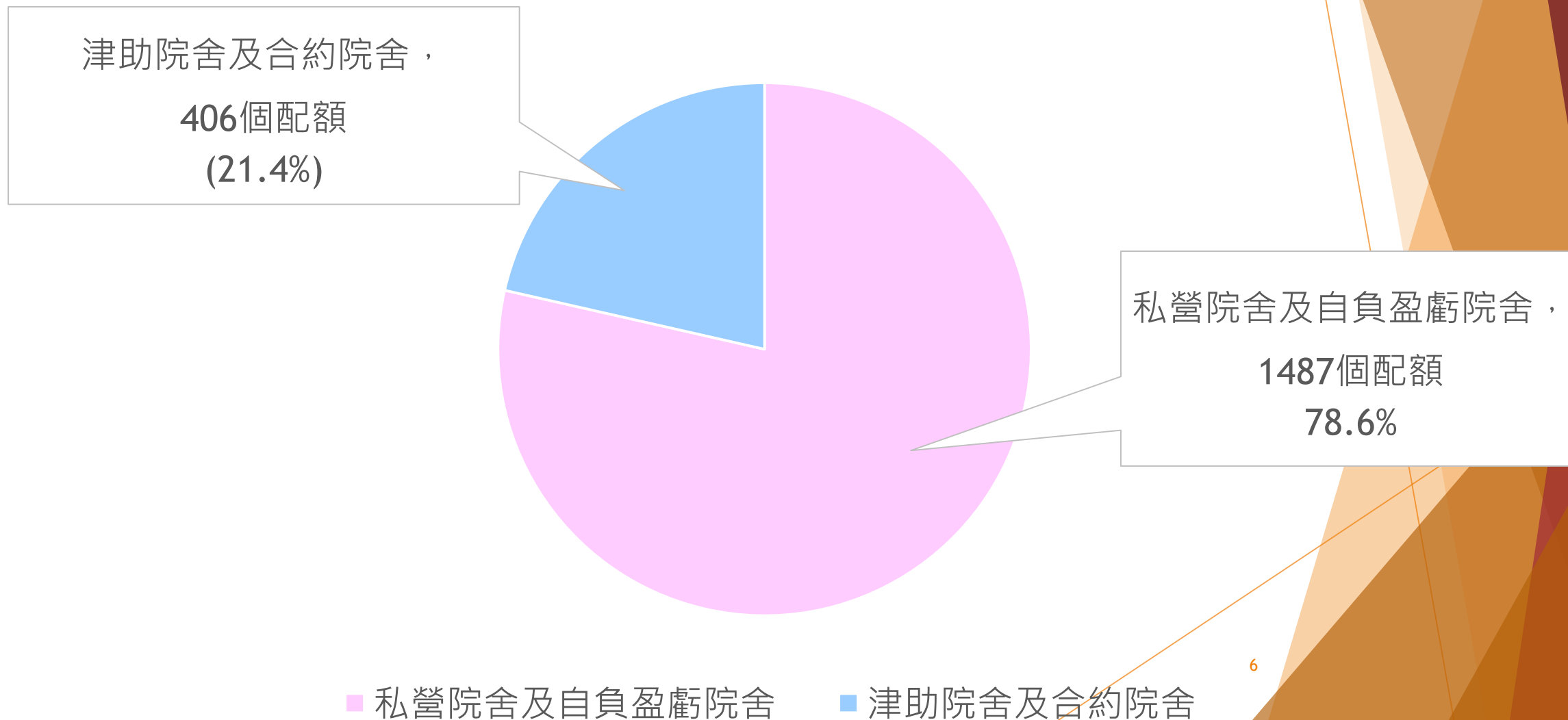
第二層：用作續約以外的配額申請。

審批結果

獲接納的續約申請：	281宗，涉及889個配額
獲接納的增補人手申請：	340宗，涉及1004個配額
不獲接納的申請：	38宗，涉及213個配額

各類別院舍的審批結果

獲批輸入護理員配額的數目



申請不獲接納的原因

- ▶ 配額用罄：25宗
- ▶ 不符合申請資格：1宗
- ▶ 不符合本地招聘規定：12宗

申請資格及申請辦法

- ▶ 根據《安老院條例》（第459章）獲發牌照的安老院、根據《殘疾人士院舍條例》（第613章）獲發牌照的殘疾人士院舍，或根據《私營醫療機構條例》（第633章）獲發附表護養院豁免書的護養院
- ▶ 社署會按收齊全部所需申請資料及文件的日期決定申請的審批先後次序。**同一日遞交齊全資料及文件的申請，會由電腦隨機排序來定出各申請的審批先後次序。申請院舍無需通宵排隊。**

申請資格及申請辦法

- ▶ 跨部門聯絡小組會考慮申請院舍的類別、本地招聘證明及相關紀錄、本地全職僱員與輸入護理員的人數，以及院舍參加「補充勞工計劃」及 / 或「特別計劃」期間的不良紀錄（如有）等資料，就申請提供意見。社署署長在考慮聯絡小組提供的意見後，會就每宗申請作出決定。

本地招聘規定

- ▶ 僱主提交申請時，須證明已經通過社署指定途徑招聘本地人手，但未能填補空缺
- ▶ 在申請日（申請表內填寫的申請日期）前30天內，連續14個曆日 (i) 在勞工處「互動就業服務網站」進行招聘，或(ii) 在本地報章 / 招聘網站刊登兩則廣告
- ▶ 不可設有限制性規定或超越工作需求的不合理招聘條件，如年齡、性別、技能等
- ▶ 招聘本地護理員的薪金必須不低於輸入護理員，而輸入護理員的薪金不得低於政府統計處最新編製的護理員每月工資中位數
- ▶ 根據政府統計處2022年9月的統計數字，護理員每月中位工資為港幣\$14,500（每日正常工作時數為9小時，不包括用膳時間）

常見問題

- ▶ 不符合本地護理員的招聘規定
 - 招聘廣告刊登日期 ~ 申請日前不足14天
 - 報章廣告沒有連續14天刊登兩則
 - 在完成本地招聘前已簽署本地招聘確認書
 - 在簽署本地招聘確認書前已在申請表簽署
 - 提供低於統計處編製的護理員最新每月中位工資

常見問題（續）

- ▶ 申請者並非法人
- ▶ 填寫的資料不完整、不一致
 - 附件四欠缺填寫輸入護理員的剩餘合約月數
- ▶ 授權書和蓋章
 - 授權書蓋章與申請者蓋章不同
- ▶ 欠缺必須提交的文件
 - 申請人欠缺合夥人的授權書或/及核證副本
- ▶ 欠缺簽署及/或蓋印

正確填寫申請表及其他申請文件

▶ 正確填寫本地招聘確認書

- 本地招聘**必須符合**在申請日（**申請表內填寫的申請日期**）前30天內，**連續14個曆日**進行的規定
- 清楚填寫本地護理員招聘廣告刊登日期
- 剔選刊登招聘廣告的途徑
- 列明應徵人數，並於招聘本地護理員紀錄表填寫全部招聘結果

✧ 完成所有招聘程序後才簽署本地招聘確認書

- ✧ 在「本地招聘確認書」內，申請人須作出聲明，確認「本地招聘確認書」內提供的資料全屬真實和正確，以及明白蓄意或存心提出不正確資料或隱瞞任何事項，或錯誤引導社署，社署會終止處理申請及在指定時間內不會接受有關院舍的配額申請，而申請人亦須負上有關的法律責任

正確填寫申請表及其他申請文件（續）

- ▶ 社署會把涉嫌作不實聲明或提供誤導性資料的申請者納入監察名單，並由發出**納入監察名單通知書**日起的兩年內進行持續監察。如在監察期內再犯，會被行政制裁，即一年內不獲准參與「特別計劃」。

正確填寫申請表及其他申請文件（續）

- ▶ 按持有的牌照類別填寫院舍類別，根據《安老院條例》（第459章）獲發牌照的護養院，應剔選對應的安老院而不是護養院
- ▶ 院舍床位數目是填寫現時院內的床位數目，而不是牌照上可收納的最多人數
- ▶ 院舍名稱和地址須按牌照上的資料填寫
- ▶ 現時輸入護理員人數須正確填上「補充勞工計劃」及「特別計劃」下的輸入護理員人數總和；2022年3-5月的一次性放寬措施乃屬於「補充勞工計劃」

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

本地護理員招聘廣告的規定
Requirements on the Recruitment Advertisement of Local Care Worker(s)

- (1) 請於「院舍輸入護理員特別計劃」申請表內填寫的申請日期前30日內，連續14個曆日，(i) 在勞工處「互動就業服務」網站進行招聘，或(ii)在本地報章／招聘網站刊登兩則招聘本地護理員的廣告。有關刊登日期的例子如下：

Please conduct recruitment of local care worker(s) within 30 days prior to completing the application form of "Special Scheme to Import Care Workers for Residential Care Homes" either (i) through the Interactive Employment Service website of the Labour Department ("LD"), or (ii) two recruitment advertisements published in local newspaper(s) / on recruitment website(s), for a continuous period of 14 calendar days. Example of publishing period is as follows:

已清晰列出刊登招聘廣告的要求

例如：申請日期為 2023 年 9 月 28 日
e.g. Application date is 28 September 2023

廣告 Advertisement	刊登期 Publishing Period	連續 14 個曆日的招聘廣告必須於 2023 年 8 月 29 日至 2023 年 9 月 27 日期間刊登 Recruitment advertisements for a continuous period of 14 calendar days must have been published between 29 August 2023 and 27 September 2023.
	刊登媒介 Publishing Media	勞工處「互動就業服務」網站，或 本地報章/招聘網站刊登兩則廣告 Interactive Employment Service website of LD, or Local newspaper(s) / on recruitment website(s)

- (2) 上述招聘廣告內所訂明的本地護理員薪金必須不低於輸入護理員，而輸入護理員的薪金不得低於政府統計處最新編製的護理員每月工資中位數；廣告內亦不可設有任何限制性規定或超越工作需求的不合理條件，如年齡、性別及技能等。請注意，招聘廣告內必須包括下列各項資料：

The salary of local care workers specified in the recruitment advertisement must not be lower than that offered to imported care workers while the salary of imported care workers must not be lower than the latest Median Monthly Wage of care workers as compiled by the Census and Statistics Department. There must not be unreasonable job requirements in the recruitment advertisements that are restrictive or excessive, such as age, sex and skills. Please note that recruitment advertisements must include the following information:

內容 Content	注意事項 Points to note	須包括的資料／例子 Information/Examples to be included
1. 職位名稱 Job Title	所刊登的職位名稱必須與是次申請的資料相同。 The job title published must be the same as the information provided in the application.	即：護理員 Namely: Care worker

招聘廣告 的要求

(申請須知附
件第1頁)

申請表

(第3部份起的
第1頁)

第3部分：申請者資料		Part 3: Applicant's Particulars	
申請者名稱 (指業務/法團名稱及業務/分行名稱 (如適用)) ⁽¹⁾ Name of applicant (refers to name of business/corporation and business/branch name (if applicable)) ⁽¹⁾	(中文) 申請者是院舍經營者，即是牌照上所列明獲發牌照的人士/公司	(English)	
商業登記證號碼 (如適用) Business Registration Certificate no. (if applicable)	如院舍由子公司經營，須填寫及提交母及子公司的資料		
→ (如持有商業登記證，請在本表格第6部分 □(a) 加上“/”號。 For holders of Business Registration Certificate, please put “/” in □(a) in Part 6 of this form.)			
申請者類別 Type of applicant	<input type="radio"/> 獨資經營 Sole proprietorship → (請在本表格第6部分 □(b) 加上“/”號。 Please put “/” in □(b) in Part 6 of this form.)		
按申請者類別及院舍牌照類別別選	<input type="radio"/> 合夥經營 Partnership (合夥人數目 Number of partners _____) 須填寫合夥人數目 → (請在本表格第6部分 □(b) 及 □(c) 加上“/”號。 Please put “/” in □(b) and □(c) in Part 6 of this form.)		
	<input type="radio"/> 有限公司 Limited company 公司註冊證明書號碼 Certificate of Incorporation no. _____ → (請在本表格第6部分 □(c) 加上“/”號 Please put “/” in □(c) in Part 6 of this form.)		
	<input type="radio"/> 法人團體(包括非政府機構) Body Corporate (including a non-governmental organization (NGO)) 法團註冊證明書號碼 Certificate of Incorporation no. _____ 如根據法例成立的團體，應填上Cap. XXX → (請在本表格第6部分 □(d) 及 □(e) 加上“/”號 Please put “/” in □(d) and □(e) in Part 6 of this form.)		
院舍牌照類別 Type of residential care home licence	<input type="radio"/> 安老院 Residential Care Home for the Elderly (RCHE)	牌照編號 LORCHE No. : _____	
	<input type="radio"/> 殘疾人士院舍 Residential Care Home for Persons with Disabilities (RCHD)	牌照編號 LORCHD No. : _____	
	<input type="radio"/> 護理院 Nursing Home (NH)	牌照編號 PHF No. : _____	只適用由衛生署簽發的牌照
院舍營運模式 Operation mode of residential care home	<input type="radio"/> 津貼院舍 Subvented home <input type="radio"/> 自負盈虧院舍 Self-financing home 按申請院舍營運模式別選一項，自負盈虧院舍是根據稅務條例第88條註冊成立		
	<input type="radio"/> 合約院舍 Contract home <input type="radio"/> 私營院舍(包括買位院舍) Private home (including Enhanced Bought Place Scheme home)		
院舍床位數目 Number of beds of residential care home	應填寫院舍現有床位數目		
院舍名稱 Name of residential care home	(中文) (English) 中英文名稱須與牌照相同		
院舍地址 ⁽²⁾ Address of residential care home ⁽²⁾	(中文) (English)		
申請者負責人姓名 ⁽³⁾ Name of the person-in-charge ⁽³⁾	此人士應填上職銜及可隨時聯絡，以查詢申請事宜	<input type="radio"/> 女士 ⁽⁴⁾ Ms ⁽⁴⁾ <input type="radio"/> 先生 ⁽⁴⁾ Mr ⁽⁴⁾	電話號碼 Tel. no. _____ 傳真號碼 Fax no. _____ 電郵 Email _____
申請者負責人職銜 Job title of the person-in-charge	若此人士不是申請表第6部份的簽署人，應提交授權書正本		
→ (如負責人並非獨資經營者/董事/獲授權合夥人/獲法人團體(包括非政府機構)授權的代表，請在本表格第6部分 □(f) 加上“/”號。 If the person-in-charge is not the sole proprietor/director/authorised partner/authorised representative of applicant, please put “/” in □(f) in Part 6 of this form.)			

申請表

(第3部份起的 第2頁)

現時院舍所有全職本地僱員人數 ⁽⁵⁾ No. of all existing full-time local employee(s) ⁽⁵⁾ of the residential care home	應與附件二的人數相同	現時輸入護理員人數 ⁽⁶⁾ No. of existing imported care worker(s) ⁽⁶⁾	> 補充勞工計劃 Supplementary Labour Scheme: _____ > 「特別計劃」 The Special Scheme : _____ → (如有,請在本表格第6部分 □(j)及□(k) 加上“/”號,如沒有,請填“0”。 If yes, please put “/” in □(j) and □(k) in Part 6 of this form. If no, please fill in “0”.)
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這兩項應按附件三及四填寫,如沒有,可填“0”

- (1) 申請人須填妥此表格,並附上由牌照管理處發出的牌照或獲發的商業登記證書,或住宅護理院舍牌照。 Please fill in information of person/company/corporation to whom /which the licence is issued in respect of the residential care home application as listed on the business registration Certificate or residential care home licence.
 - (2) 請填寫院舍牌照/附表獲發牌照證書上的院舍地址。 Please fill in the address of the residential care home on the licence of residential care home / letter of exemption for scheduled nursing home.
 - (3) 有關資料用途,請參閱本表格第1部分。社會福利署職員會接獲申請者的負責人,以處理本申請。為免本申請受到延誤,社會福利署職員將以電話、傳真及電郵等方式與申請者的負責人聯絡。 Please see Part 1 of this form for the use of the information. Staff of SWD will contact the person-in-charge for the purposes of processing this application. For the avoidance of delay in the processing of this application, staff of SWD will communicate with the person-in-charge by telephone, facsimile and email, etc.
 - (4) 此欄僅用作通訊及聯絡之用。 This prefix is for the purpose of correspondence and communication only.
 - (5) 由申請者直接僱用以經營本表格第3部分所列院舍的所有全職本地僱員(包括院舍所有工讀),不包括申請者就其他業務僱用的僱員、向申請者提供服務的外判僱員工或白領人士。 All full-time local employees (including all types of staff of the residential care home) under direct employment of the applicant for the residential care home specified in Part 3 of this form, excluding those employed for other businesses of the applicant, staff of sub-contractor(s) or self-employed person(s) providing service to the applicant.
 - (6) 包括現時在職及已獲「補充勞工計劃」原則性批准輸入/「特別計劃」的配額但仍未抵港的輸入護理員。 Including those Imported care workers who are in employ and those covered by approval-in-principle for importation under Supplementary Labour Scheme / quota(s) granted under the Special Scheme but have not arrived in Hong Kong yet.
- 請在適當的圓內加上“/”號。 Please put “/” in suitable circles.

第4部分：過往不良紀錄		Part 4: Past Adverse Record	
申請者、或申請者的獨資經營者/合夥人有沒有違反本表格第2部分列明的法例或規定? (如申請者是有限公司或法團,只需填報與該公司或法團有關的紀錄。)			
Has the applicant, or the sole proprietor/partner(s) of the applicant violated any law or requirement listed in Part 2 of this form? (For a limited company or corporation, only record(s) pertaining to that company or corporation need(s) to be provided.)			
<input type="radio"/> 沒有 - No. <input type="radio"/> 有 - 詳情如下(請列明違反的法例或規定,以及定罪或警誡信/制裁通知書日期): Yes. The details are as follows (please state the law or requirement violated, and the date of conviction or the date of the warning letter/sanction notification):			
違反的法例或規定 The law or requirement violated	定罪日期 Date of conviction	警誡信/制裁通知書日期 Date of the warning letter / sanction notification	

請在適當的圓內加上“/”號。 Please put “/” in suitable circles.

第5部分：職位詳情		Part 5: Details of the Post		
職位名稱 Job title	護理員 (安老院/殘疾人士院舍/護養院*) Care worker (Residential Care Home for the Elderly / Residential Care Home for Persons with Disabilities / Nursing Home *)	申請輸入護理員人數 No. of imported care worker(s) applied for	申請人數	僱用期(月) ⁽⁷⁾ Employment period (months) ⁽⁷⁾
工資 Wages offered	每月 \$ _____ 元 (不包括超時工資) HK\$ _____ per month (excluding overtime pay)	每月工資不應低於本地護理員工資中位數		

申請表

(第3部份起的 第3頁)

工作時間(扣除休息/用膳時間) Work schedule (excluding meal / rest breaks) 請於(A)或(B)項中選擇其一 Please choose either (A) or (B)

(A) 不需輪班工作，每週工作日數：_____，正常工作時數(用膳時間除外)為每天_____小時。
Shift work not required, normal days of work shall be _____ days per week and normal hours of work excluding meal break shall be _____ per day.
每天工作時間如下 Daily work schedule as follows:
(例 e.g.: 9:00 - 13:00 & 14:00 - 17:00)

(B) 需輪班工作，每週工作日數：_____，正常工作時數(用膳時間除外)為每天_____小時。
Shift work required, normal days of work shall be _____ days per week and normal hours of work excluding meal break shall be _____ per day.
各班工作時間如下 Work schedule of each shift as follows:
(例 e.g.: 9:00 - 13:00 & 14:00 - 17:00; 11:00 - 15:00 & 16:00 - 19:00)

職務範圍 Job description

- 照顧院舍住客日常生活起居，包括餵食、扶抱、位置轉移、轉身等
Assist residents of the residential care home with activities of daily living, including feeding, lifting, transfer, turning, etc
- 協助院舍住客的個人衛生護理，包括洗澡、如廁、換片、牙齒及口腔護理、刷牙、洗頭、剪髮、穿脫衣服和整理儀容、剃鬚、修剪指甲等
Provide personal care to residents of the residential care home, including bathing, toileting, diaper changing, dental and oral care, teeth brushing, hair washing, hair cutting, dressing and grooming, shaving, nail trimming, etc
- 為院舍住客陪診及送診

每項都要剔選合適的項目

語言要求 Language requirement			
(會話 Spoken)		(閱讀 Reading & writing)	
粵語 Cantonese	<input type="radio"/> 無需 Nil <input type="radio"/> 一般 Fair <input type="radio"/> 略懂 Little	中文 Chinese	<input type="radio"/> 無需 Nil <input type="radio"/> 一般 Fair <input type="radio"/> 略懂 Little
英文 English	<input type="radio"/> 無需 Nil <input type="radio"/> 一般 Fair <input type="radio"/> 略懂 Little	英文 English	<input type="radio"/> 無需 Nil <input type="radio"/> 一般 Fair <input type="radio"/> 略懂 Little
其他語言 Others	<input type="radio"/> 無需 Nil <input type="radio"/> 一般 Fair <input type="radio"/> 略懂 Little	其他語文 Others	<input type="radio"/> 無需 Nil <input type="radio"/> 一般 Fair <input type="radio"/> 略懂 Little

最低入職要求 Minimum entry requirements

學歷 Education standard	<input type="radio"/> 無需 Nil	相關經驗 Relevant experience	<input type="radio"/> 無需 Nil
	<input type="radio"/> 小學 Primary level _____ 年級		<input type="radio"/> 相關經驗 Relevant experience: _____ (年 year)
	<input type="radio"/> 中學 Secondary level _____ 年級	技能及其他要求 Skill and other requirement(s)	<input type="radio"/> 無需 Nil
	<input type="radio"/> 其他，請闡述 Others, please specify: _____		<input type="radio"/> 請闡述 Please specify: _____

工作地址⁽⁸⁾ Address of work place⁽⁸⁾ 工作地址與本表格第3部分所列明院舍地址相同(即牌照/附表護養院舍免費上的院舍地址)。
Address of work place is same as residential care home address in Part 3 of this form (i.e. the residential care home address on the licence/letter of exemption for scheduled nursing home).

(4) 根據「特別計劃」輸入的護照與一般護照不同，合約的最長為 24 個月，合約完結後不會自動續約。The maximum length of employment period of an imported care worker under the Special Scheme is 24 months and the contract will not be renewed automatically upon expiry.

(8) 因工作地址必須與牌照/附表護養院舍免費上的院舍地址相同，申請者須在○圈內加上"/"號，即填寫了與本表格第3部分所列明院舍地址為工作地址。As the address of work place must be same as the residential care home address on the licence/letter of exemption for scheduled nursing home, the applicant must put "/" in the circle, that is, fill in the residential care home address listed in the Part 3 of this form as the address of work place.

請在適當的圈內加上"/"號。Please put "/" in suitable circles. * 請刪去不適用者。Please delete where inappropriate.

申請表

(第3部份起的
第4頁)

第 6 部分： 聲明

Part 6: Declaration

1. 本人已填妥此申請表（表格 SWD-ICW-1）根據「特別計劃」提出申請，並隨此申請表遞交以下文件。
I have completed this form (Form SWD-ICW-1) to make application under the Special Scheme and submitted together with this form the following documents:

請在下表的合適方格加上“✓”號。Please put “✓” in appropriate □ of the below table.

別選以下提交文件類別

- | | |
|---|---|
| <input type="checkbox"/> (a) | 商業登記證副本
Copy of the Business Registration Certificate |
| <input type="checkbox"/> (b) | 載列包括獨資經營者／所有合夥人資料的最新「商業登記冊內資料的摘錄的核證本」副本一份及以書面確認所提供的核證本為最新版本
Copy of the latest "Certified Extracts of Information on the Business Register" setting out information of the sole proprietor/all partners and a written confirmation specifying that the copy of certified extracts provided is the most updated version |
| <input type="checkbox"/> (c) | 有限公司註冊證明書副本一份
Copy of the Certificate of Incorporation |
| <input type="checkbox"/> (d) | 法團註冊證明書副本一份
Copy of Certificate of Incorporation |
| <input type="checkbox"/> (e) | 由獨資經營者／有限公司／合夥經營／法人團體（包括非政府機構）授權合夥人或申請者代表簽署本申請表的授權書
An authorisation letter from sole proprietor/limited company/partnership/body corporate (including an NGO) to authorise a partner or representative of the applicant to sign this application |
| <input type="checkbox"/> (f) | 由獨資經營者／董事／獲授權合夥人／法人團體申請者代表（包括非政府機構）簽署及申請者蓋印，授權負責人遞交及處理此申請的授權書
An authorisation letter signed by sole proprietor/director/authorised partner/authorised representative of body this application |
| <input checked="" type="checkbox"/> (g) | 院舍牌照／附表護養院豁免書的副本
Copy of residential care home licence/letter of exemption for scheduled nursing home |
| <input checked="" type="checkbox"/> (h) | 本地招聘確認書（附件一）
Confirmation Form on Local Recruitment (Annex 1) |
| <input checked="" type="checkbox"/> (i) | 院舍全職本地僱員資料報表（附件二）
Information of Full-time Local Employees of Residential Care Home (Annex 2) |
| <input type="checkbox"/> (j) | 現職輸入護理員名單（附件三）
List of In-employ Imported Care Workers (Annex 3) |
| <input type="checkbox"/> (k) | 已獲「補充勞工計劃」原則性批准輸入／「特別計劃」配額但有輸入護理員（包括替補輸入護理員）仍未到港報表（附件四）
List of the imported care workers (including replacement of imported care workers) not yet arrived in Hong Kong while approval-in-principle for importation under Supplemental Labour Scheme / quota(s) under the Special Scheme have been granted (Annex 4) |

正本

必須連申請表一同遞交

按實際情況剔選及遞交

本人確認已填妥本表格第 1 部分，並保證所有已提交及將來提交的文件及資料均屬真實和正確。如在提交任何資料後，有該資料有任何更改，本人將盡快主動通知社會福利署合約管理組。本人亦確認申請者進行的一切活動皆為合法。

I confirm that I have read Part 1 of this form and that all the information submitted and to be submitted in future is true and accurate. I shall take the initiative to inform the Contract Management Section of SWD as soon as possible of any changes in any information after it is submitted. I also confirm that all activities carried out by the applicant are lawful.

3. 本人聲明本人提交上述職位空缺的招聘條件及入職要求（包括語文能力要求，如有此等要求）等，及其往後之修改，皆與有關職位相關並有合理可據，且沒有違反香港法例第 480 章《性別歧視條例》、香港法例第 487 章《殘疾歧視條例》、香港法例第 527 章《家庭崗位歧視條例》及香港法例第 602 章《種族歧視條例》。本人明白，若我明知而作出或固執實情地作出虛假或有誤導性的陳述，即屬違法及可被檢控。

I hereby declare that the terms of employment and entry requirements (including requirement on language proficiency, if any) etc. of the above post(s) and any amendments thereafter are relevant, justifiable and do not violate the Sex Discrimination Ordinance, Cap. 480, the Disability Discrimination Ordinance, Cap. 487, the Family Status Discrimination Ordinance, Cap. 527, and the Race Discrimination Ordinance, Cap. 602. I understand that it is an offence and I will be liable to prosecution if I knowingly or recklessly make a statement which is false or misleading.

4. 簽署此部份後，即表示本人／申請者：

By signing this Part, I / the applicant:

(i) 明白須就申請向社會福利署提交一切所需的資料及文件，否則社會福利署不會處理本申請；

understands that SWD will not process this application unless and until all the information and supporting documents required are provided to SWD;

申請表

(第3部份起的 第5頁)

(ii) 確認在提交任何個人資料予社會福利署前，有關資料當事人於提供其個人資料前已閱讀、完全明白及同意本表格第1部分第2段：

confirms that in connection with any personal data to be submitted, the data subjects have read, fully understood and agreed with paragraph 2 in Part 1 of this form before they provide their personal data;

(iii) 確認已細閱及承諾遵照本表格第2部分列明的法例及規定，並明白若違反相關法例或規定，申請者將會被撤銷所獲輸入護理員的批准，以及在指定時間內不得參與「特別計劃」；及

confirms that having read Part 2 of this form, I / the applicant undertakes to comply with the laws and requirements listed therein, and understands that a breach of relevant law(s) or requirement(s) will render any approval granted to the applicant for importation of care worker(s) be withdrawn and that the applicant be debarred from participating in the Special Scheme within a specific period of time; and

(iv) 確認在此文件內提供的資料屬真實及正確。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。

confirms 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.

簽署人士須填上姓名，並與
附件上的簽署相同

獨資經營者／董事／獲授權合夥人／
獲授權代表 * 簽署

Signature of sole proprietor/director/
authorised partner/authorised representative*

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

(姓名 Name)

日期 Date

此為申請日期。這日期應在附件一所列出的招聘
期和完成面試的日期之後。

申請者蓋印
Applicant's chop
如申請者為
有限公司/
法人團體，
印章應是該
有限公司或
法人團體的
印章

致：社會福利署合約管理組

To: Contract Management Section, Social Welfare Department

「院舍輸入護理員特別計劃」

本地招聘確認書

Special Scheme to Import Care Workers for Residential Care Homes
Confirmation Form on Local Recruitment

附件一

本地招聘確認書

院舍名稱 Name of Residential Care Home: _____

牌照處檔號/私營醫療機構編號*LORCHE/LORCHD/PHF* No.: _____
(*請刪去不適用者。*Please delete where inappropriate)

關於本院舍根據「院舍輸入護理員特別計劃」(「特別計劃」)提出的輸入護理員配額申請，現確認如下(請在適當□中加上“✓”號)：

In connection with the application of our residential care home for quota to import care worker(s) under the Special Scheme to Import Care Workers for Residential Care Homes (“Special Scheme”), we confirm that (Please put “✓” in appropriate □):

本院舍已按「特別計劃」規定，在申請日前 30 日內，連續 14 個曆日，即由 _____ 至 _____

In accordance with the requirement of the Special Scheme, our residential care home has conducted local recruitment for a continuous period of 14 calendar days within 30 days preceding the application date, from _____ to _____.

必須別選

- 在勞工處「互動就業服務」網站進行本地招聘。
through the Interactive Employment Service website of the Labour Department.
- 在本地報章/招聘網站刊登兩則本地招聘的廣告。
with two recruitment advertisements published in local newspaper(s) / on recruitment website(s).

上述招聘廣告內所刊登護理員職位月薪為港幣_____。

The monthly salary for the care worker post as advertised in the above recruitment advertisement is HK\$_____.

在上述本地招聘期間共有_____名(如沒有，請填“0”。)求職者應徵護理員職位，現於「招聘本地護理員紀錄表」提供有關招聘結果資料，以便貴署參考。

During the local recruitment period as mentioned above, _____ job-seeker(s) (If nil, please fill in “0”) has / have applied for the post(s) of care worker. The information of recruitment result is provided in the “Record Form on Recruitment of Local Care Workers” for your reference.

附件一

本地招聘確認書

Local Care Workers” for your reference.

本人明白社會福利署可能會要求本院舍提交個別求職者應聘的詳細資料（包括應徵紀錄和面試紀錄），並聯絡求職者以查核招聘紀錄。本院舍已徵詢求職者同意向社會福利署透露其個人資料。對於拒絕給予同意的求職者，本院舍向社會福利署提交招聘紀錄前，會在招聘紀錄中刪除他們的個人資料。

I understand that the Social Welfare Department may require our residential care home to submit detailed information about the job application of individual job seekers (including application records and interview records), and approach the job-seekers to check the recruitment records. Our residential care home has sought the consents of the job-seekers for disclosing their personal data to the Social Welfare Department. For job-seekers who have refused to give consents, our residential care home will redact their personal data from the recruitment records before submitting the recruitment records to the Social Welfare Department.”

本人聲明本人在此文件及「招聘本地護理員紀錄表」內提供的資料全屬真實和正確。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 the information furnished here and in the “Record Form on Recruitment of Local Care Workers” 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）

簽署及印章須與申請表相同

Name of sole proprietor / director / authorised partner /
authorised representative# (in block letters) : _____

簽署 Signature : _____ 申請者蓋印 Applicant's chop

日期 Date : _____
日期須在14天的招聘期及面試之後，及應早於申請表的日期

#姓名、簽署及申請者蓋印必須與「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.

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

備註：申請者須保留上述招聘廣告的正本／打印本、連續14個曆日在勞工處「互動就業服務」網站／本地報章／招聘網站刊登該招聘廣告的證明文件，及每一位求職者的應徵紀錄和面試紀錄（如適用）（包括求職者的姓名及聯絡資料、是否成功聘用、不獲聘用的原因、拒絕受聘的原因等資料）至本申請期結束後6個月，以供社會福利署抽查。

Remark: The applicant should keep original copy/printout of the above recruitment advertisement(s), documents of proof that such recruitment advertisement(s) has/have been published on the Interactive Employment Service website of the Labour Department /in local newspaper(s)/on recruitment website(s) for a continuous period of 14 calendar days and the application record and interview record (if applicable) of each job-seeker (including the name and contact information of the job-seeker, whether he/she was successfully employed, the reason(s) for not being employed, and the reason(s) for declining the offer, etc.) for six months after the end of this application period for spot check by the Social Welfare Department.

本地招聘紀錄表

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

招聘本地護理員紀錄表
Record Form on Recruitment of Local Care Workers

(招聘期 Recruitment Period: _____ 至 to _____)

須填寫招聘期

院舍名稱 Name of Residential Care Home : _____

牌照處檔號/私營醫療機構編號*LORCHE/LORCHD/PHF* No.: _____

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

須要蓋章

院舍蓋印 Residential Care Home Stamp

A. 應徵護理員職位的求職者人數 No. of job-seeker(s) applied for the post of care worker: **沒有求職者也須要填寫**
(如沒有, 請填“0”; 否則請繼續填寫 B 和 C 部分。)
If nil, please fill in “0”; otherwise please continue with filling of Part B and C)

B. 獲邀請參加面試人數 No. of job-seeker(s) invited to attend interview : _____
面試期 Interview Period: _____ 至 to _____

註: (1) 請在括弧內填寫人數。如沒有, 請填“0”。 Please fill the number of person(s) in the bracket. If nil, please fill in “0”.
(2) 每位應徵者成功獲聘而離職/拒絕受聘/不獲聘用的原因可有多於一項。 Each job-seeker may have more than one reason for having employment terminated after Employed/Declined offer/Not employed.

填表時已成功獲聘人數 No. of job-seeker(s) have been employed when filling out the form ()	拒絕受聘人數 No. of job-seeker(s) declined offer ()	不獲聘用人數 No. of job-seeker (s) not employed ()
填表時仍在職人數 No. of person(s) still in employment when filling out the form ()	因下述原因拒絕受聘人數 No. of person(s) declined offer due to following reason(s):	因下述原因不獲聘用人數 No. of person(s) not employed due to following reason(s):
填表時已離職人數 No. of person(s) terminated employment when filling out the form ()	<ul style="list-style-type: none"> ● 薪酬 Remuneration () ● 工作性質 Work nature () ● 工作環境 Work environment () ● 工作時間 Working hours () ● 其他 Others (please specify): _____ 	<ul style="list-style-type: none"> ● 教育程度不符 Academic level not attained () ● 缺乏必須經驗 Lack of essential experience () ● 缺乏必須技術 Lack of essential skill(s) () ● 語文程度不符 Language requirement(s) not met () ● 其他 Others (Please specify): _____
因下述原因離職人數 No. of person(s) left due to following reason(s):		
<ul style="list-style-type: none"> ● 薪酬 Remuneration () ● 工作性質 Work nature () ● 工作環境 Work environment () ● 工作時間 Working hours () ● 其他 Others (please specify): _____ 		

拒絕或缺席面試人數 Refused or failed to attend interview ()

● **獲邀請及不獲邀請的應徵人數總和應與附件一本地招聘確認書內的資料相同**

C. 不獲邀請參加面試人數 No. of job-seeker(s) not invited to attend interview : _____

註: (1) 請在括弧內填寫人數。如沒有, 請填“0”。 Please fill the number of person(s) in the bracket. If nil, please fill in “0”.
(2) 每位應徵者不獲邀請參加面試的原因可有多於一項。 Each job-seeker may have more than one reason for not being invited to attend interview.

因下述原因不獲邀請參加面試求職者人數
No. of job-seekers not invited to interview due to following reason(s):

- 教育程度不符 Academic level not attained ()
- 缺乏必須經驗 Lack of essential experience ()
- 缺乏必須技術 Lack of essential skill(s) ()
- 語文程度不符 Language requirement(s) not met ()
- 其他 Others (please specify): _____ ()

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

附件二

院舍全職本地 僱員資料報表

牌照處編號/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 _____ **可填寫"與申請表所寫的地址相同"**
院舍電話
Telephone No. _____ **可填寫"與申請表所寫的電話相同"**

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 times 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) 由 From HK\$ _____ 至 to HK\$ _____
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 HK\$ _____
(excluding any overtime pay)

只須計算全職本地護理員的資料

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	全職本地僱員人數 Number of Full-time Local Employees
1	護理員		7		
2			8		
3			9		
4			10		
5			11		
6			12		

注意事項 Remarks:

- 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.
- 「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 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入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).
- 全職本地護理員每月工資平均數是以申請日前一個月所有全職本地護理員薪金總和 (不包括超時工資) 除以全職本地護理員人數計算。The average salary of full-time local care worker(s) per month is calculated by dividing the sum of the salaries (excluding any overtime pay) of all full-time local care workers by the number of full-time local care workers in the month preceding this application date.

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): _____

簽署及印章須與申請表相同

申請者蓋印
Applicant's chop

簽署 Signature: _____

日期 Date: _____

日期應與申請表所填寫的日期相同

*請刪去不適用者。*Please delete when 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.

附件三：現職輸入護理員名單

附件三
Annex 3

院舍輸入護理員特別計劃
Special Scheme to Import Care Workers for Residential Care Homes
現職輸入護理員名單
List of In-employ Imported Care Worker

(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.)

牌照處權號／私營醫療機構編號*

LORCHE/LORCHD/PHP* 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.

現職輸入護理員總人數

Total Number of In-employ Imported Care Worker(s)

可填寫「與申請表所寫的地址相同」

可填寫「與申請表所寫的電話相同」

應刪除不適用
的選擇

注意：請按輸入護理員「合約到期日」先後次序填寫資料。Remark: Please fill in the information according to chronological order of the "End Date of Contract".

序號 S/N	「補充勞工計劃」權案編號／ 「院舍輸入護理員特別計劃」配額編號 Supplementary Labour Scheme Reference No. / Special Scheme to Import Care Workers for Residential Care Homes Quota No.	僱傭合約編號 Employment Contract No.	中文姓名 (如適用) Chinese Name (if applicable)	英文姓名 (必須填寫) English Name (mandatory)	入境簽證／ 進入許可號碼 Visa / Entry Permit No.	合約開始日 Start Date of Contract			合約到期日 End Date of Contract			每月工資 ^A Salary per month ^A HK\$	是次申請配額為 續約之用? Quota applied in this application for contract renewal?	
						年	月	日	年	月	日			
1														*是Yes / 否No
2														*是Yes / 否No
3														*是Yes / 否No
4														*是Yes / 否No
5														*是Yes / 否No

^A每月工資不包括加班工資。 ^ASalary excluding any overtime pay per month.

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 responsibility.

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):

簽署 Signature:

*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.

(09/2023)

簽署及印章須與申請表相同

日期應與申請表所填寫的日期相同

申請者蓋印
Applicant's chop

附件四

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

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 : **可填寫"與申請表所填寫的地址相同"**
院舍電話
Telephone no. : **可填寫"與申請表所填寫的電話相同"**
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 (請按日期先後期序列出) Date of Approval-in-principle / Quota Granted (Please list in chronological order)	備用期剩餘月數 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				必須填寫
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 willfully 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 my quota application of my residential care home with 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) : _____

簽署及印章須與申請表相同

申請者蓋印
Applicant's chop

簽署 Signature : _____

日期應與申請表所填寫的日期相同

日期 Date : _____

*請刪去不適用者。*Please delete when 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.

要求提交補充資料

- ▶ 申請者必須填寫 (i) 全職本地僱員人數，(ii) 現時輸入護理員人數，(iii) 申請輸入護理員人數及僱用期、工資和工作時數等資料。欠缺以上任何一項資料社署均會要求補交資料處理
- ▶ 申請者應提交齊備的文件（如牌照副本、正確授權書正本、公司註冊證書、商業登記副本、簽妥的本地招聘確認書、院舍全職本地僱員資料報表、現職輸入護理員名單和未到港護理員報表（如適用）等）補交文件通知書會在該輪申請期完結後發出，申請者必須於指定日期前交回
- ▶ 為免因補交資料而令申請延後處理，申請表內填寫的資料，應與提交的文件資料一致

抽查本地招聘紀錄的機制

- ▶ 為確保申請者符合本地招聘規定，社署設立了抽查招聘紀錄機制
- ▶ 申請者需保存本地招聘詳細紀錄至本輪申請期完結後6個月，以供抽查
- ▶ 社署會發信要求院舍提交其有關本地招聘的詳細紀錄，包括招聘廣告的正本 / 打印本、連續14個曆日在勞工處「互動就業服務」網站 / 本地報章 / 招聘網站刊登該招聘廣告的證明文件，及每一位求職者的應徵紀錄和面試紀錄（如適用）（包括求職者的姓名及聯絡資料、是否成功聘用、不獲聘用的原因、拒絕受聘的原因等資料）

跨境住宿的安排

- ▶ 如輸入護理員為內地居民，僱主可選擇（a）在香港為輸入護理員提供住宿；（b）在內地為輸入護理員提供住宿；或（c）輸入護理員在其內地住所居住。由僱主安排的內地居所亦須符合「標準僱傭合約」附表所訂標準。
- ▶ 在指明受僱期內，如輸入護理員根據標準僱傭合約第12段返回僱主安排的內地居所或返回自己於內地的居所期間生病或受傷，僱主須為僱員提供免費醫療，包括診症、住院及牙科急診的費用。

僱主提供居所的標準

僱主須按下列標準為僱員提供居所：

(一) 有關居所必須為清潔及獨立單位，每人所佔淨樓面實用面積最少為3.4 平方米。居所內必須免費為僱員配備：

(a) 廁所、洗澡及煮食設備；

(b) 電力及食水供應(佔用居所的僱員除了須按僱傭合約支付住宿費外，亦須支付居所的水、電、煤等經常性費用)；
以及

(c) 基本傢具、器具及物品，包括床、毛氈、枕頭、電風扇和雪櫃；

(二) 睡房必須與休息室 / 客廳分隔；以及

(三) 每間睡房不得設床超過六張。

院舍輸入護理員特別計劃第三輪申請

(詳情請參閱社署網頁內的「最新消息」)

接受申請日期:	由2024年1月17日(星期三) 至 2024年1月30日(星期二)
遞交申請方法:	郵遞、親身遞交或電子表格遞交
地址:	社會福利署合約管理組(愛群道辦事處) 香港灣仔愛群道44號 戴麟趾夫人訓練中心三樓306室
親身遞交申請表時間:	星期一至星期五 上午9時至下午1時、下午2時至下午5時(公眾假期除外)
郵遞遞交申請表時間:	由2024年1月17日(星期三) 至 2024年1月30日(星期二) 期間的任何時間，以郵戳日期為準
電子表格遞交申請表時間:	由2024年1月17日(星期三)上午9時至2024年1月30日(星期二)下午5時期間的任何時間，以電子表格遞交紀錄為準

查詢

社會福利署合約管理組（愛群道辦事處）

地址：香港灣仔愛群道44號戴麟趾夫人訓練中心
三樓306室

電話：3468 3923

傳真：3468 2002

電郵：cmengq2@swd.gov.hk

答問時間