**Reply Slip**

(Please return **on or before 29 May 2024**)

To: Community Care Service Voucher Office

Social Welfare Department

Email: ccsv@swd.gov.hk

**Briefing Session on Application for being Recognised Service Provider under**

**the Community Care Service Voucher Scheme for the Elderly**

Date : 5 June 2024 (Wednesday)

Time : 3 p.m. to 5 p.m.

Venue : Gymnasium, Lady Trench Training Centre, 44 Oi Kwan Road, Wan Chai, Hong

Kong

The following staff from our organisation will attend the briefing session:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name of Organisation** | **Name of Participant** | **Post Title** | **Email Address** | **Contact Number** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Signature | : |  |
| Name | : |  |
| Post Title | : |  |
| Name of Organisation | : |  |
| Tel. No. | : |  |
| Date | : |  |