| 致:   | 社會福利署合約管理組(愛群道辦事處)   |   |   |  | 由: 院舍  | 名稱:(中文 in Chinese)   |   |   |   |                                       |  |
|--|--|---|---|--|--|--|---|---|---|---------------------------------------|--|
| 香港灣仔愛群道44號戴麟趾夫人訓練中心 3 樓 306 室<br>To: Contract Management Section (Oi Kwan Road Office)<br>Social Welfare Department  |  |   |   |  | From: Name of Residential Care Home: (英文 in English)   |  |   |   |   |                                       |  |
|  | Room 306, 3/F., Lady Trench Training Centre, 44 Oi Kwan Road, Wan Chai, Hong Kong. |   |   |  | *牌照處檔號/私營醫療機構編號 *LORCHE/LORCHD/PHF No.:  |  |   |   |   |                                       |  |
|  | (電話號碼 Tel: 3468 3923)<br>(傳真號碼 Fax: 3468 2002)                                     |   |   | 聯絡人  | 聯絡人 Contact Person:  |  | 立 <i>Post</i> : 電話 Tel.:  |   |   |                                       |  |
|  |  |   | <u>院舍輸入護</u>  | 理員特別計劃   | Special Scheme   | to Import Care Worker  | rs for Residenti  | al Care Home  | <u>s</u>  |                                       |  |
| 僱傭合約認收紀錄 Acknowledgment Record of Employment Contract  |  |   |   |  |  |  |   |   |   |                                       |  |
| 請為每位輸入護理員填妥此表格,並在其抵港後兩星期內傳真至社署合約管理組。Please complete this form for each Imported Care Worker and return to the Contract Management Section, Social Welfare Department within two weeks upon their arrival at Hong Kong. |  |   |   |  |  |  |   |   |   |                                       |  |
| Schem  | e to Impo  | ort Care Workers  | for Residential Car   | e Homes:   |  | Residential Care Home ha   |   |   |   |                                       |  |
| 西己名  | 額編號  | 中文姓名 (如適用)  | 英文姓名<br>(必須填寫)  | 簽證/進入許可<br>申請檔案編號  | 僱傭合約<br>編號   | 合約期<br>(年/月/日至 年/月/日)  | 抵達香港日期<br>(年/月/日)   | 已報名勞工處舉辦的僱傭   | 護理員 認收僱傭合約日期  | 護理員<br>簽署                             |  |
|  | Quota<br>No.   | Chinese Name<br>(if applicable)   | English Name<br>(mandatory)   | Visa /<br>Entry Permit<br>Application<br>Ref. No.  | Employment<br>Contract No.   | Contract Period<br>(yy/mm/dd to yy/mm/dd)  | Date of Arrival<br>at Hong Kong<br>(yy/mm/dd)   | 權益簡介會 (Enrolled to Briefing on Employment Rights and Benefits organised by Labour Department) (✓/X) | (年/月/日)<br>Date of Receipt of<br>the Employment<br>Contract by the<br>Care Worker<br>(yy/mm/dd) | Signature<br>of the<br>Care<br>Worker |  |
| SSQ  |  |   |   |  | ICW-   | <u>季</u>   |   | , ,   |   |                                       |  |
| (1)<br>(2)<br>(3)  | impor<br>本署介<br>Depar<br>你有村<br>contac<br>地址                                       | 格所收集的資料將會<br>ted care workers und<br>會將收集的資料轉<br>rtments for the purpo<br>權要求查閱及更改作<br>ct Chief Social Work<br>Address: 九龍深 | der the Special Scheme t<br>交勞工處、入境事務處<br>ose mentioned in (1) abo<br>你的個人資料。如有需。<br>Officer (Contract Mana<br>:水埗元州街290-296號 | o Import Care Worker<br>及其他政府部門,以<br>ve.<br>要,請與社會福利署令<br>gement), Contract Ma<br>西岸國際大廈6樓 6/1 | rs for Residential Care<br>以作上述(1)段的用立<br>合約管理組總社會工<br>unagement Section of S<br>F, West Coast Interna | 別計劃」有關的合法用途。The Homes and any legitimate use re e The data will be transferred 作主任(合約管理)聯絡。You Social Welfare Department in castional Building, 290-296 Un Cha | elating to the enforcen<br>to the Labour Depar<br>I have the right to req<br>e of need.<br>In Street, Sham Shui P | nent of the scheme.<br>rtment, the Immigra<br>nuest access to and                                   | ation Department and ot   | her Government                        |  |
| 簽名 Signature:  |  |   |   |  |  | 日期 Date:   |   |   | 印章 Chop:  |                                       |  |
| (11/2023)  |  |   |   |  | <b>→</b> 51  |  |   | + Chop.   |   |                                       |  |

SWD-ICW-17