

寄：香港灣仔愛群道44號 戴麟趾夫人訓練中心3樓306室 社會福利署合約管理組 Room 306, 3/F, Lady Trench Training Centre, 44 Oi Kwan Road, Wan Chai, Hong Kong  電話號碼 Tel. No. : 3468 3923 傳真號碼 Tel. No. : 3468 2002	由：_____ 院舍經營者 (即申請者) Residential Care Home Operator (i.e. applicant) <hr/> 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. : _____ 傳真號碼 Fax No. : _____ 電話號碼 Tel. No. : _____ 申請編號 Application No. : _____
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### 輸入護理員居所資料申報表格

#### Declaration of Accommodation Particulars of Imported Care Workers

#### A. 由僱主提供居所 Accommodation provided by employer

	居所(一) Accommodation (1)	居所(二) Accommodation (2)
輸入護理員數目 No. of Imported Care Workers		
居所地區 Region <sup>#</sup> :	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 內地 Mainland	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 內地 Mainland
居所地址 Address:		
電話 Tel. No.:		
樓宇類別 Building Type <sup>#</sup>	<input type="checkbox"/> 住宅樓宇 Residential flat <input type="checkbox"/> 村屋 Village house <input type="checkbox"/> 其他 Others (請註明 Please specify):	<input type="checkbox"/> 住宅樓宇 Residential flat <input type="checkbox"/> 村屋 Village house <input type="checkbox"/> 其他 Others (請註明 Please specify):

#### B. 輸入護理員在其位於內地的住所居住 [如適用] Imported workers residing in Mainland [If applicable]

輸入護理員數目 No. of Imported Care Workers	所住省市 Residing in Province/City	輸入護理員數目 No. of Imported Care Workers	所住省市 Residing in Province/City
	省      市		省      市
	省      市		省      市
	省      市		省      市

本人/本公司/本機構確認就本表格填寫輸入護理員的居所安排及所有資料屬真實、完整和準確，並同意讓社會福利署在執行「院舍輸入護理員特別計劃」的規定時，轉交上述資料予入境事務處、勞工處、相關決策局、其他政府部門及其他執法機構。如有關資料有任何更改，本人將盡快主動通知社會福利署合約管理組。本人/本公司/本機構明白，若明知而作出或罔顧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/Our company/Our organisation hereby declare that all information provided in this form about the accommodation particulars of imported care workers is true, complete and accurate and give my/our consent to the Social Welfare Department to release the above information to the Immigration Department, the Labour Department, relevant policy bureaux, other government departments and other enforcement bodies in the course of enforcing the terms and conditions of the Special Scheme to Import Care Workers for Residential Care Homes. Should there be any change of the information provided above, I/Our company/Our organisation shall take the initiative to inform the Contract Management Section, Social Welfare Department as soon as possible. I/Our company/Our organisation understand that it is an offence and I/our company/Our organisation will be liable to prosecution if I/we knowingly or recklessly make a statement which is false or misleading.

本人/本公司/本機構確認已細閱及承諾遵照「院舍輸入護理員特別計劃」標準僱傭合約[SWD-ICW-16]附表乙部所列明的居所標準，並明白若違反相關合約條款，本人/本公司/本機構將會被社會福利署撤銷所獲輸入護理員的配額批准，而隨後兩年的期間內亦不得參與「院舍輸入護理員特別計劃」。

I/Our company/Our organisation hereby confirm that having read Part 2 of the Schedule of the Standard Employment Contract of the Special Scheme to Import Care Workers for Residential Care Homes [SWD-ICW-16], I/Our company/Our organization undertake to comply with the accommodation standards listed therein, and understand that a breach of relevant clause(s) will render any quota granted to me/our company/our organisation for importation of care workers be withdrawn and that I/Our company/Our organisation will be debarred from participating in the Special Scheme to Import Care Workers for Residential Care Homes for up to two years.

簽名<sup>^</sup>

Signature:

院舍經營者/獲授權代表姓名<sup>^</sup>

Name of Residential Care Home Operator/

Authorized Representative:

印章<sup>^</sup>

Chop:

(正楷填寫 BLOCK Letters)

日期 Date: \_\_\_\_\_

如有需要，可影印此表格填寫。Photocopy this form for use if needed.

#請在適當的□內填上✓號。Please tick in the □.

\*請將不適用者刪去。Please delete where inappropriate.

<sup>^</sup>姓名、簽署及印章應與「院舍輸入護理員特別計劃」申請表第6部份的申請者姓名、簽署及印章及印章相同。如有變更，須提供相關證明文件及處理此文件的授權書。The name, signature and chop must be the same as in Part 6 of the application form of the Special Scheme to Import Care Workers for Residential Care Homes. If there are any changes, relevant supporting documents must be provided, as well as an authorization letter for the processing of this document."