

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. _____

現職輸入護理員總人數

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

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」檔案編號／ 「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 [^] Salary per month [^] HK\$	是次申請配額為 續約之用? Quota applied in this application for contract renewal?
						年 yy	月 mm	日 dd	年 yy	月 mm	日 dd		
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

[^]每月工資不包括超時工資。 [^]Salary 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 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.

(09/2023)

申請者蓋印
Applicant's chop

