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

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. 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 types 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) 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 (excluding any overtime pay)			:			
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	Numbe	下地僱員人數 er of Full-time ll Employees
1	護理員		7			
2			8			
3			9			
4			10			
5			11			
6			12			
注意事項 Remarks: (1) 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. (2) 「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.						
(3)	$26\ \exists\ \geq 0.8\ $ 或每月平均工作時數÷ 26 ÷ $9\ $ 小時 $\geq 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 $\geq 0.8\ $ or average working hours per month÷ $26\ $ e) hours $\geq 0.8\ $ or.					
署, I dec with proc spec	社會福利署會終止處理本申請及在指 sclare that all information furnished he shold any information, or otherwise cessing of this application and will n cified period of time, and also I shall	指定時間内不會接受本院 nere is true and accurate e mislead the Social V not accept any quota ap	院舍的 e. I und Welfare pplicati	當意或存心提出不正確資料或隱瞞任何事配額申請,本人亦須負上有關的法律責 derstand that if I knowingly or wilfully ne Department, the Social Welfare Department of our residential care home within.	t任。 make any partment	y false statement or
	孫經營者/董事/獲授權合夥人/ 日本 日本 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				ſ	
Name	e of sole proprietor / director / authorised pa					
autho	orised representative*# (in block letters):					
簽署Signature:			日期	月Date:		