

《殘疾人士登記證》申請表

Application for

“Registration Card for People with Disabilities”

此欄供本局填寫
For Official Use Only

編號
No.:-

申請類別 Type of Application 首次申請 New 換領 Renewal 補領⁽¹⁾ Replacement⁽¹⁾

登記證類別 Type of Registration Card

實體卡 Physical card 電子版本 Electronic version 實體卡及電子版本 Physical card and electronic version

申請人個人資料 Personal Particulars

姓名 Name (中文 Chinese) (英文 English)

姓氏先行 _____ Surname first _____

(姓名以下述的香港身份證 / 出生證明書 / 其他身份證明文件所載為準)
(Enter the same name as appearing on your Hong Kong Identity Card / Birth Certificate / other document(s) of identity shown below)

請貼上
一張彩色近照近半年彩色證
件相片，需淨色背景。
請勿摺曲相片。

A colour passport photo
within the last six months
with a plain background.
Please do not fold.

香港身份證 / 護照 / 出生證明書號碼 (請提供有關身份證明文件的副本)

Hong Kong Identity Card / Passport / Birth Certificate No. (Please provide a copy of the relevant document of identity)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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或其他身份證明文件 (請註明)
() Other document(s) of identity
(Please specify) _____

性別 男 女
Sex Male Female

出生日期 _____
Date of Birth Day Month Year

住址⁽²⁾ Address⁽²⁾

香港 HK 九龍 KLN 新界 NT

通訊地址⁽²⁾ Correspondence Address⁽²⁾ (如與上址不同) (If different from the address given above)

香港 HK 九龍 KLN 新界 NT

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PE

TM

(EDate: _____)

電話號碼(家居)

Tel. No. (Home) _____

電郵地址⁽²⁾

Email Address⁽²⁾ _____

電話號碼(手提)

Tel. No. (Mobile) _____

電郵地址 (再次填寫)⁽²⁾
Email Address (Please fill
in again)⁽²⁾ _____

請在方格內填上「✓」號。 Please enter 「✓」 in the relevant box.

⁽¹⁾請參閱《殘疾人士登記證申請指引》(簡稱《申請指引》)第IV(c)段。 Please refer to Part IV(c) of the “Guidance Notes on Application for the Registration Card for People with Disabilities” (“Guidance Notes”).

⁽²⁾請清晰及正確填寫住址、通訊及電郵地址。 Please fill in the home address, correspondence address and email address clearly and correctly.

殘疾類別 Type(s) of Disability

(申請人必須提供每類殘疾的證明文件，有關文件要求，請參閱《申請指引》第 V 段。如屬多類殘疾人士，可於兩個或以上方格填上「✓」。)

(Please attach documentary evidence for each reported disability. Please refer to Part V of the “Guidance Notes” regarding the requirement of the documentary evidence on disability. May enter “✓” in two or more boxes, if applicable.)

1. 聽障 Hearing impairment	<input type="checkbox"/>	此欄供本局填寫 For Official Use Only
2. 視障 Visual impairment	<input type="checkbox"/>	
點字《殘疾人士登記證》： Braille “Registration Card for People with Disabilities”:	<input type="checkbox"/> 需要 Required <input type="checkbox"/> 不需要 Not Required	Expire date: _____
3. 肢體傷殘 Physical disability	<input type="checkbox"/>	SWD printout Attached <input type="checkbox"/>
4. 言語障礙 Speech impairment	<input type="checkbox"/>	Accepted _____
5. 智障 Intellectual disability	<input type="checkbox"/>	On _____ at _____
6. 精神病 Mental illness	<input type="checkbox"/>	By _____
7. 自閉症 Autism	<input type="checkbox"/>	Processing officer Name: _____
8. 器官殘障/長期病患 Visceral disability/Chronic illness	<input type="checkbox"/>	Post: _____
9. 注意力不足/過度活躍症 Attention Deficit/Hyperactivity Disorder	<input type="checkbox"/>	Date: _____
10. 特殊學習困難 Specific Learning Difficulties	<input type="checkbox"/>	Signature: _____

本人現聲明，本人就申請《殘疾人士登記證》所提供的所有資料及相關證明文件均屬實，並授權「康復服務中央檔案室」使用本人的個人資料，包括殘疾類別，作為發證及其他在《申請指引》中所述的用途。

I declare that all information and documents provided in connection with my application for the “Registration Card for People with Disabilities” are true. I also authorise the Central Registry for Rehabilitation to use my personal data including type(s) of disability for the purpose of issuing the Registration Card, and other purposes and functions as specified in the “Guidance Notes”.

簽署：

Signature :

日期：

Date :

姓名 (正楷)：

先生 小姐 女士 太太

Name (Block letters):

Mr Miss Ms Mrs

香港身份證號碼：

HK ID Card No.:

_____ ()

電話號碼：

Tel. No.:

如屬代申請人申領《殘疾人士登記證》者，請填報此欄（代申請人必須為申請人的父母或合法監護人，請提交與申請者關係的證明文件副本）。

Please complete this column if you are the parent or legal guardian of the applicant and apply on behalf of the applicant (*Please submit a copy of documentary evidence on the relationship with the applicant*).

本人代表（申請人姓名）_____，申請人香港身份證號碼：_____（_____）申請《殘疾人士登記證》。本人現聲明，本人就申請《殘疾人士登記證》所提供的所有資料及相關證明文件均屬實，並已經取得上述申請人的同意授權「康復服務中央檔案室」使用他／她的個人資料，包括殘疾類別，作為發證及其他在《申請指引》中所述的用途。

I, on behalf of (applicant's name) _____, applicant's HK ID Card No. _____ (_____) wish to apply for the "Registration Card for People with Disabilities". I declare that all information and documents provided in connection with the application are true. I have sought the consent of the applicant to authorise the Central Registry for Rehabilitation to use his/her personal data including type(s) of disability for the purpose of issuing the Registration Card, and other purposes and functions as specified in the "Guidance Notes".

父、母或合法監護人簽署：_____ 日期：_____
Signature of parent/legal guardian: _____ Date: _____

父、母或合法監護人姓名（正楷）：_____ 先生 小姐 女士 太太
Name of parent/legal guardian (Block letters): _____ Mr Miss Ms Mrs

父、母或合法監護人香港身份證號碼：_____
HK ID Card No. of parent/legal guardian: _____ (_____)

父、母或合法監護人電話號碼：_____
Tel. No. of parent/legal guardian: _____

與申請人關係（父、母或合法監護人）：_____
Relationship with applicant (parent or legal guardian): _____

機構名稱（如適用）：_____
Name of Agency (if applicable): _____

查閱個人資料 Access to Personal Data

根據《個人資料（私隱）條例》第 18 和 22 條以及該條例附表一有關保障資料第六原則的規定，你有權要求查閱和修改康復服務中央檔案室(檔案室)所保存關於你的個人資料。在繳交費用後，你可索取存放在檔案室屬於你本人的個人資料副本。如欲查詢有關個人資料的管理，包括要求查閱或修改你的個人資料，請聯絡本檔案室：

You have a right to request access to and correction of your personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. You can obtain a copy of your personal data kept in the Central Registry for Rehabilitation subject to payment of a fee. Enquiries on the management of personal data, including making of access and correction to your personal data, should be addressed to:

香港黃竹坑業勤街 23 號
The Hub 10 樓 1001 室
勞工及福利局
康復服務中央檔案室

Central Registry for Rehabilitation
Labour and Welfare Bureau
Unit 1001, 10/F, The Hub,
23 Yip Kan Street,
Wong Chuk Hang, Hong Kong

電話:2180 9384
傳真:2180 9644

Tel.: 2180 9384
Fax: 2180 9644