Annex 1

**Social Welfare Department**

**Application Form for the Support Programme for Employees with Disabilities (SPED)**

Notes for Completing the Application Form

1. One application form is to be used for one beneficiary, i.e. an employee with disabilities.
2. The application form consists of five sections. Additional sheets may be attached to the form, if required.
3. Please send the completed application form and other supporting document(s), if applicable, by hand/mail in duplicate, via the referring organisation, to the Rehabilitation and Medical Social Services Branch of the Social Welfare Department at Room 503, 5/F., West Coast International Building, 290-296 Un Chau Street, Sham Shui Po, Kowloon.
4. Please fill in the information and tick the boxes, as appropriate.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | (Official Use Only) | | | | | |
|  | | | | | | | | | Date of Receipt: | | |  | | |
|  | | | | | | | | | Application No.: | | | SPED - - | | |
|  | | | | | | | | | | | | | | |
| **Section 1 – Basic Information**  **[To be completed by the Employer of Persons with Disabilities (the Applicant)]** | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| 1. | Information of the Applicant | | | | | | | | | | | | | |
|  | Name of Organisation: | | | | | (in Chinese) | |  | | | | | | |
|  |  | | | | | (in English) | |  | | | | | | |
|  | Hong Kong Business Registration Number (if available): | | | | | | | | | |  | | | |
|  | # | If Business Registration Number is not available, please specify the Ordinance under | | | | | | | | | | | | |
|  |  | which the organisation is established or registered in Hong Kong: | | | | | | | | | | | |  |
|  |  |  | | | | | | | | | | | |  |
|  | Organisation address (Head office if applicable): | | | | | | | | |  | | | | |
|  |  | | | | | | | | |  | | | | |
|  |  | | | | | | | | |  | | | | |
|  | Major Type of Business: | | | | | | | | | | | | | |
|  | (1) Manufacturing | | | | | |  | | | | | |  | |
|  | Electronics | | | | | | Food and Beverage | | | | | | Jewellery | |
|  | Industrial Machinery | | | | | | Metal Products | | | | | | Printing and Publishing | |
|  | Textiles and Clothing | | | | | | Toy | | | | | | Watches and Clocks | |
|  | Others (specify:) | | | | | |  | | | | | |  | |
|  | (2) Non-manufacturing | | | | | | | | | | | | | |
|  | Restaurants and Hotels | | | | | | Cleaning | | | | | | Transportation | |
|  | Clerical | | | | | | Information System | | | | | | Customer Service | |
|  | Wholesale and Retail | | | | | | Tourism | | | | | | Social Welfare Service | |
|  | Real Estate | | | | | | Others (Please specify) | | | | | |  | |
|  |  | | | | | | | | | | | |  | |
| 2. | Particulars of the Authorised Contact Person of the Applicant | | | | | | | | | | | | | |
|  | Name: | | (in Chinese) | | 先生／小姐／女士\* | | | | | | | | | |
|  |  | | (in English) | | Mr / Miss / Ms\* | | | | | | | | | |
|  | Position: | | |  | | | | | | | | | | |
|  | Phone number: | | |  | | | | | | | | | | |
|  | Fax number: | | |  | | | | | | | | | | |
|  | Email address: | | |  | | | | | | | | | | |

\*Please delete as appropriate.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3. | Particulars of the Beneficiary (i.e. the employee with disabilities) | | | | | | | | | | |
|  | Name: | | (in Chinese) | | |  | | | | | |
|  |  | | (in English) | | |  | | | | | |
|  | Sex: | | Male | | | Female | | | | | |
|  | Date of birth: | | | |  | | | Age: | |  |  |
|  | HKIC No.: | | | |  | | |  | | | |
|  | Workplace address: | | | | | | |  | | | |
|  |  | | | | | | | | | | |
|  | Phone number (Office): | | | | | |  | |  | | |
|  | Phone number (Home / Mobile, if applicable): | | | | | | | |  | | |
|  | Employment contract since (month / year): | | | | | | | |  | | |
|  | Average monthly salary and allowance: | | | | | | | | $ | | |
|  | Number of working hours per week: | | | | | | | |  | | |
|  | Position: | | |  | | | | | | | |
|  | Job duties: | | |  | | | | | | | |
|  |  | | |  | | | | | | | |
|  |  | | | | | | | | | | |
|  | Major type of disabilities: (may tick more than one) | | | | | | | | | | |
|  | Attention Deficit / Hyperactivity Disorder | | | | | | | | Autism | | |
|  | Hearing impairment | | | | | | | | Intellectual disability | | |
|  | Physical disability | | | | | | | | Mental illness | | |
|  | Specific learning difficulties | | | | | | | | Speech impairment | | |
|  | Visceral disability | | | | | | | | Visual impairment | | |
|  |  | | | | | | | |  | | |
| 4. | Did the Applicant receive any subsidy under the Support Programme for Employees with Disabilities of the Social Welfare Department to procure the assistive device(s) and/or modification works in respect of the same employee with disabilities in the past five years? | | | | | | | | | | |
|  |  | No (Please go to Section 2 directly) | | | | | | | | | |
|  |  | Yes (Please specify the date of approval and the approved items) | | | | | | | | | |
|  |  |  | | | | | | | | | |
|  |  |  | | | | | | | | | |
| 5. | Please state the justification(s) for the re-application, and provide relevant supporting document(s) for the SPED Committee’s consideration. [Please use separate sheet(s) if space is insufficient] | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  |  | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 2 – Proposal (To be completed by the Applicant)** | | | | |
|  |  | | | |
| 1. | The proposed assistive devices and/or the modification works (Please attach at least TWO quotations for each item) | | | |
|  |  | | | |
| Item | | Type and model number  (if applicable) | Description on the expected outcomes (e.g. how the device(s) and/or works enhance work efficiency of the employee with disabilities, etc.) | Price (Please list the lowest quoted price)  (HK$) |
|  | **Assistive Devices** (Please use separate sheets if space is insufficient) | | | |
|  | (i) |  |  |  |
|  | (ii) |  |  |  |
|  | **Workplace Modifications** (Please use separate sheets if space is insufficient) | | | |
|  | (i) |  |  |  |
|  | (ii) |  |  |  |
|  |  |  | **TOTAL** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2. | Total amount of subsidy sought: | | $ | | | | *(Maximum $40,000 [[1]](#footnote-1)Note 1)* |
|  |  | | | | | | |
| 3. | Estimated beneficiary’s frequency of using the proposed assistive device(s): | | | | | | |
|  | Daily | | | | Once every 2-3 days | | |
|  | Once every 4-6 days | | | | Once a week | | |
|  | Others (Please specify/describe as appropriate) | | | | |  | |
|  |  | | | | | | |
| 4. | Estimated beneficiary’s frequency of using the proposed modification works: | | | | | | |
|  | Daily | | | | Once every 2-3 days | | |
|  | Once every 4-6 days | | | | Once a week | | |
|  | Others (Please specify/describe as appropriate) | | | | |  | |
|  |  | | | | | | |
| 5. | Without the proposed assistive device(s) and/or modification works, can the beneficiary perform his/her duties? | | | | | | |
|  |  | The beneficiary can perform most of his/her duties. | | | | | |
|  |  | (Please elaborate as appropriate) | |  | | | |
|  |  |  | |  | | | |
|  |  | The beneficiary can only perform some of his/her duties. | | | | | |
|  |  | (Please elaborate as appropriate) | |  | | | |
|  |  |  | | |  | | |
|  |  | The beneficiary cannot perform his / her duties. | | | | | |
|  |  | (Please elaborate as appropriate) | |  | | | |
|  |  |  | | |  | | |
|  |  | Others remarks (Please elaborate as appropriate): | | | | | |
|  |  |  | | |  | | |
|  |  |  | | |  | | |
|  |  | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 3 – Declaration (To be completed by the Applicant)** | | | | | |
|  |  | | | | |
| 1. | I, authorised by the Applicant, have read and understand the “Information Note on the Support Programme for Employees with Disabilities (SPED)” and “Notice to Data Subject Before Collection of Personal Data” (see the ***Appendix*** to this form). | | | | |
|  |  | | | | |
| 2. | The information provided in the application is true and accurate. I understand that the Applicant will be liable to prosecution if it wilfully or intentionally makes any false declaration, withholds any information or misleads the Social Welfare Department (SWD) with a view to obtaining the said subsidy. | | | | |
|  |  | | | | |
| 3. | I declare that the Applicant will not sell, rent or transfer the devices supported by the SPED to other organisations or individuals/employees, unless prior written approval from SWD is obtained. | | | | |
|  |  | | | | |
| 4. | I understand that the Applicant will be required to receive staff of SWD and/or the SPED Administrator who would visit the workplace for inspection and assessment of the assistive devices procured and/or modification works carried out. | | | | |
|  |  | | | | |
| 5. | I understand that SWD and the SPED Administrator, in processing and reviewing the application, may require the Applicant to provide relevant supporting documents, or authorise SWD and/or the SPED Administrator to obtain from the concerned parties such documents for verification purpose. | | | | |
|  |  | | | | |
| 6. | I understand that failure to co-operate with SWD and/or the SPED Administrator may lead to suspension of the processing of the application by SWD or refund of the subsidy by the Applicant. | | | | |
|  |  | | |  | |
|  | *Please stamp official seal below (head office, if applicable)* |  | Signed by the Authorised Contact Person: | |  |
|  |  |  | Name and position  of the Authorised Contact Person: | |  |
|  |  |  | Name of organisation: | |  |
|  |  |  |  | |  |
|  |  |  | Date: | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 4 – Declaration (To be completed by the Employee with Disabilities)** | | | |
|  |  | | |
| 1. | I have read and understand the “Information Note on the Support Programme for Employees with Disabilities (SPED)” and “Notice to Data Subject Before Collection of Personal Data” (see the ***Appendix*** to this form). | | |
|  |  | | |
| 2. | I note that the Applicant will apply for a subsidy under the SPED. | | |
|  |  | | |
| 3. | I understand that provision of any false or misleading information therein shall lead to disqualification of application without notice. | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | Signature: |  |
|  |  |  |  |
|  |  | Name: |  |
|  |  |  |  |
|  |  | Date: |  |
|  |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 5 – Recommendations (To be completed by the Referring Organisation)** | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| 1. | Information of the Referring Organisation: | | | | | | | | | | | | | | | |
|  | Name: | | (in Chinese) | | |  | | | | | | | | | | |
|  |  | | (in English) | | |  | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  | Type of Referring Organisation | | | | | | | | | | | | | | | |
|  |  | NGO operating SWD-subvented vocational rehabilitation services | | | | | | | | | | | | | | |
|  |  | NGO running training courses for persons with disabilities or persons recovering from work injuries with the funding support of the Employees Retraining Board | | | | | | | | | | | | | | |
|  |  | Selective Placement Division of the Labour Department | | | | | | | | | | | | | | |
|  |  | Vocational Training Council | | | | | | | | | | | | | | |
|  |  | SPED Administrator | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | |  | | | | |
| 2. | Period of service(s) provided to the employee with disabilities of this application: | | | | | | | | | | | | | | | |
|  |  | Less than 6 months | | | | | | | | | |  | | 6 to 11 months | | |
|  |  | 12 to 24 months | | | | | | | | | |  | | More than 24 months | | |
|  |  |  | | | | | | | | | |  | |  | | |
| 3. | Service(s) provided to the beneficiary: | | | | | | | | | |  | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| 4. | Type of disabilities of the employee with disabilities: (may tick more than one) | | | | | | | | | | | | | | | |
|  |  | Attention Deficit / Hyperactivity Disorder | | | | | | | | | | | | | | |
|  |  | Autism | | | | | | | | | | | | | | |
|  |  | Hearing impairment (Please tick below, if applicable) | | | | | | | | | | | | | | |
|  |  | Hearing loss > 70 dB | | | | | | | | | | | Hearing loss 41 - 70 dB | | | |
|  |  | Hearing loss 26 - 40 dB | | | | | | | | | | |  | | | |
|  |  | Intellectual disability (Please tick below, if applicable) | | | | | | | | | | | | | | |
|  |  | Profound | | | | | | | | | | | Severe | | | |
|  |  | Moderate | | | | | | | | | | | Mild | | | |
|  |  | Physical disability | | | | | | | | | | | | | | |
|  |  | Please specify: | | | | | |  | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | |
|  |  | Mental illness (Please tick below, if applicable) | | | | | | | | | | | | | | |
|  |  | Psychosis | | | | | | | | | | | Neurosis | | | |
|  |  | Others (Please specify) | | | | | | | |  | | | | | | |
|  |  | Specific learning difficulties | | | | | | | | | | | | | | |
|  |  | Speech impairment | | | | | | | | | | | | | | |
|  |  | Visceral disability / Chronic illness | | | | | | | | | | | | | | |
|  |  | Please specify: | | | | | |  | | | | | | | | |
|  |  | Visual impairment (Please tick below, if applicable) | | | | | | | | | | | | | | |
|  |  | Severe | | | | | | | | | | | Moderate | | | |
|  |  | Mild | | | | | | | | | | |  | | | |
|  |  |  | | | | | | | | | | | | | | |
| 5. | Recommendations on the proposal in Section 2 | | | | | | | | | | | | | | | |
| **Aspects** | | | | **Assistive Device(s)** | | | | | | | | | | | **Workplace Modifications** | |
| a. | Needs of the beneficiary | | |  | The proposed assistive devices can meet the needs of the employee with disabilities at the workplace. | | | | | | | | | |  | The proposed modification works can meet the needs of the employee with disabilities at the workplace. |
|  |  | | |  | The proposed assistive devices cannot meet the needs of the employee with disabilities at the workplace. | | | | | | | | | |  | The proposed modification works cannot meet the needs of the employee with disabilities at the workplace. |
|  |  | | |  | Other remarks: | | | | | | | | | |  | Other remarks: |
|  |  | | |  |  | | | | | | | | | |  |  |
|  |  | | |  |  | | | | | | | | | |  |  |
|  |  | | |  |  | | | | | | | | | |  |  |
|  |  | | |  |  | | | | | | | | | |  |  |
|  |  | | |  |  | | | | | | | | | |  |  |
| b. | Work efficiency | | |  | The work efficiency of the employee with disabilities will be enhanced. | | | | | | | | | |  | The work efficiency of the employee with disabilities will be enhanced. |
|  |  | | |  | The work efficiency of the employee with disabilities will not be enhanced. | | | | | | | | | |  | The work efficiency of the employee with disabilities will not be enhanced. |
|  |  | | |  | Other remarks: | | | | | | | | | |  | Other remarks: |
|  |  | | |  |  | | | | | | | | | |  |  |
|  |  | | |  |  | | | | | | | | | |  |  |
|  |  | | |  |  | | | | | | | | | |  |  |
|  |  | | |  |  | | | | | | | | | |  |  |
|  |  | | |  |  | | | | | | | | | |  |  |
| **Aspects** | | | | **Assistive Device(s)** | | | | | | | | | | | **Workplace Modifications** | |
| c. | Feasibility | | |  | | | | | | | | | | |  | The proposed works are considered feasible. |
|  |  | | | *Not Applicable* | | | | | | | | | | |  | The proposed works are considered infeasible. |
|  |  | | |  | | | | | | | | | | |  | Other remarks: |
|  |  | | |  | | | | | | | | | | |  |  |
|  |  | | |  | | | | | | | | | | |  |  |
|  |  | | |  | | | | | | | | | | |  |  |
| d. | Amount of subsidy applied | | |  | The amount of subsidy sought is considered reasonable. | | | | | | | | | |  | The amount of subsidy sought is considered reasonable. |
|  |  | The amount of subsidy sought is considered unreasonable. | | | | | | | | | |  | The amount of subsidy sought is considered unreasonable. |
|  |  | Other remarks: | | | | | | | | | |  | Other remarks: |
|  |  |  | | | | | | | | | |  |  |
|  |  | | |  |  | | | | | | | | | |  |  |
|  |  | | |  |  | | | | | | | | | |  |  |
|  |  | | |  | | | | | | | |  | | | | |
| **Declaration** | | | | | | | | | | | | | | | | |
| 1. | I, authorised by the referring organisation, have read and understand the “Information Note on the Support Programme for Employees with Disabilities”. | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| 2. | I understand that the referring organisation is required to provide recommendation on the application, and verify, to its best knowledge, the information provided by the Applicant. | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  | *Please stamp official seal below* | | | | | |  | | Signed by the responsible officer: | | | | | |  | |
|  |  | | | | | |  | | Name and position  of the responsible officer: | | | | | |  | |
|  |  | | | | | |  | | Name of the referring organisation: | | | | | |  | |
|  |  | | | | | |  | | Phone No.: | | | | | |  | |
|  |  | | | | | |  | | Fax No.: | | | | | |  | |
|  |  | | | | | |  | | Email address: | | | | | |  | |
|  |  | | | | | |  | | Address: | | | | | |  | |
|  |  | | | | | |  | |  | | | | | |  | |
|  |  | | | | | | | | Date: | | | | | |  | |

***Appendix***

**Notice to Data Subject Before Collection of Personal Data**

*Please read this notice before you provide any personal data to the Social Welfare Department*

Purposes of Collection

1. The personal data supplied by you will be used by the Social Welfare Department (SWD) to provide appropriate assistance or service from SWD which is relevant to your needs, including but not limited to monitoring and review of services and conducting of research and surveys, and for discharging statutory duties. The provision of personal data to SWD is voluntary. If you do not provide sufficient personal data, we may not be able to process your application or provide assistance / service to you.

Classes of Transferees

1. The personal data you provide will be made available to persons working in the Department on a need-to-know basis. Apart from this, they may only be disclosed to the relevant parties or in the circumstances listed below -
   * 1. Other parties such as government bureaux / departments, non-governmental organisations and public utility companies if they are involved in the assessment of application from or provision of service / assistance to you;
     2. Where such disclosure is authorized or required by law; or
     3. Where you have given consent to such disclosure.

Access to Personal Data

1. Except where there is an exemption provided under the Personal Data (Privacy) Ordinance, you have a right of access to and correction of personal data held on you when the data have not been erased. However, data will usually be erased after fulfilling the purposes of collection. Your right of access under the Ordinance means the right to obtain a copy of your personal data subject to payment of a fee. Applications for access to data should be made in writing.

Enquiries, Access to and Correction of Personal Data

1. Please ensure that the data you provide to SWD are accurate. If you have enquiries concerning your application for assistance / service or if there are changes in the data you provide, please contact the office which collected the data from you.
2. Requests for access to personal data collected by SWD and correction of data obtained from a data access request should be addressed to –

|  |  |
| --- | --- |
| Post title: | Executive Officer I (Marketing Consultancy) |
| Address: | Room 503, 5/F., West Coast International Building, 290-296 Un Chau Street,  Sham Shui Po, Kowloon |
| Tel. No.: | 3586 3594 |

1. Note 1 The subsidy is capped at a maximum support level of $40,000 per beneficiary. [↑](#footnote-ref-1)