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| **《藥物倚賴者治療康復中心(發牌)條例》（第五六六章） 牌照／豁免證明書＊的申請／續期申請＊** |

備註：(i) 填寫本表格前，請先閱讀《社會福利署收集個人資料前向資料當事人發出的收集個人資料聲明》。

[藥物倚賴者治療康復中心實務守則附錄**1(a)**]

(ii) 提交本表格前請參閱載於第8頁的備註。

(iii) 申請人應以英文或中文填妥第**I、II、III(A)** 或**III(B)** 及**IV**部。

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| **第I部 申請類別 #** |

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| [ ] | 現根據《藥物倚賴者治療康復中心(發牌)條例》第6(1)條申請領取牌照。 | |
| [ ] | 現根據《藥物倚賴者治療康復中心(發牌)條例》第9(1)及9(2)條申請續領牌照。  現有牌照號碼： | |
| [ ] | 現根據《藥物倚賴者治療康復中心(發牌)條例》第8(1)及8(2)條申請領取豁免證明書。 | |
| [ ] | 現根據《藥物倚賴者治療康復中心(發牌)條例》第9(1)及9(2)條申請續領豁免證明書。  現有豁免證明書號碼： | |
|  | |  |
| **第II部 申請牌照／豁免證明書的有關治療中心的資料** | | |

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| (a) | 治療中心的英文名稱： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (b) | 治療中心的中文名稱： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (c) | 治療中心的詳細地址(*如適用，請包括全部處所的約及/或地段號碼*)： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (d) | 治療中心佔用的樓宇數目： | | | | | | | | | | | | | | | | | |  | | | | | | | 棟樓宇 | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (e) | 治療中心佔用的層數及單位數目： | | | | | | | | | | | | | | | | | |  | | | | | | | | 層 / | | | |  | | | | | 單位 | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (f) | 電話號碼： | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (g) | 傳真號碼： | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (h) | 電郵地址： | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (i) | 治療中心的性質 # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | [ ] | | 津貼 | | | | | | | | | *(請轉答(k)項)* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | [ ] | | 自負盈虧及非牟利 | | | | | | | | | *(請轉答(k)項)* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | [ ] | | 私營 | | | | | | | | | *(請續答(j)項)* | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (j) | 業務擁有權：# (*若治療中心屬私營業務，始須填寫*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | [ ] | | 獨資經營 | | | | | | | | | [ ] | | | | | | | | | 合夥經營 | | | | | | | | | | | | | | | | |
|  | [ ] | | 法人團體 | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | |
| (k) | 治療中心的處所是：# | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | [ ] | 自置物業 | | | | | | | | | | | [ ] | | | | | | | | | | 租用物業 | | | | | | | | | | | | | | |
|  | [ ] | 部分自置及部分租用物業 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | - 自置物業單位： | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  |  | - 租用物業單位： | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | [ ] | 其他(*請註明*)： | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (l) | 治療中心的可收納名額： | | | | | | | | [男] | | | | |  | | | | | | [女] | | | |  | | | | |  | | | [總數] | | |  | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (m) | 治療中心現有的入住者人數： | | | | | | | | | | | | | [男] | | | | | | | |  | | | [女] | | | | | | | |  | [總數] | | | |
|  | 藥物倚賴者人數 | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | | | | |  |  | | | |
|  | 非藥物倚賴者人數 | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | | | | |  |  | | | |
|  | 全體入住者人數 | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | | | | |  |  | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (n) | 收納藥物倚賴者的年齡上限及／或下限\* ： | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (o) | 治療中心的實用樓面面積： | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | 平方米 | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (p) | 治療中心是：# | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | [ ] 擬開辦的服務／業務\* | | | | | | | | | | | | | | [ ] 經營中的服務／業務\* | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (q) | 治療中心開始營辦服務／業務\*的日期／建議日期\*： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  |  | |  |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | *年* | | |  | *月* | |  | *日* | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| (r) | 治療中心是否符合以下的規定附註[[1]](#endnote-1)？ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 政府地契及/或牌照 | | | | | | | | | | # [ ]是 | | | | | | | | | | | | | | | | | | [ ]否 | | | | | | | | |
|  | 分區計劃大綱圖 | | | | | | | | | | # [ ]是 | | | | | | | | | | | | | | | | | | [ ]否 | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (s) | 藥物倚賴者每月須付的費用： | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | 元 |
|  | (*如無劃一費用，請填寫最低及最高收費。*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **第III部 申請人的資料** (*請完成(A)或(B)部*) | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **(A) 如治療中心屬獨資經營，請填寫此部分** | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| (a) | | 申請人的全名(*必須與香港身分證上的姓名相同*)： | | | | | | | | | | | | | | | | | | | | |
|  | | (英文)： | | |  | | | | | | | | | | | | | | (*先填姓氏，後填名字*) | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
|  | | (中文)： | | |  | | | | | | | | | | | | | 先生／太太／小姐／女士\* | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| (b) | | 香港身分證號碼： | | | | | |  | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| (c) | | 住址： | | | | | | | | | | | | | | | | | | | | |
|  | | 香港／九龍／新界\* | | | | | | | |  | | | | |  | | | | | | | |
|  | |  | | | | | | | | *地區* | | | | | *街道名稱及號碼／屋* | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
|  | | *大廈名稱* | | | | | | | | | | | | | | *座 層數 室* | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | |
| (d) | | 通訊地址 (*如與上文(c)項不同*)： | | | | | | | | | | | | | | | | | | | | |
|  | | 香港／九龍／新界\* | | | | | | | |  | | | | |  | | | | | | | |
|  | |  | | | | | | | | *地區* | | | | | *街道名稱及號碼／屋* | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
|  | | *大廈名稱* | | | | | | | | | | | | | | *座 層數 室* | | | | | | |
|  | |  | | | |  | |  | | | | | | | | | | | | | | |
| (e) | | 電話號碼： | | | | (*住宅*) | |  | | | | | | | | | (*辦公室*) | | |  | | |
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| (f) | | 傳真號碼： | | | |  | | | | | | | | | | | | | | | | |
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| (g) | | 電郵地址： | | | |  | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| (h) | | 申請人在治療中心出任的職位： | | | | | | | | | | |  | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| (i) | | 公司名稱 (*如適用*) | | | | | | | | | | | | | | | | | | | | | |
|  | | (英文)： | |  | | | | | | | | | | | | | | | | | | | |
|  | | (中文)： | |  | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| (j) | | [ ]#《適當人士聲明書》(附件A)已隨本表格附上。 | | | | | | | | | | | | | | | | | | | | |
| **(B) 如治療中心屬法人團體／合夥\*經營，請填寫此部分** | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| (a) | | 公司／非政府機構\*的名稱 (*如適用*)： | | | | | | | | | | | | | | | | | | | | |
|  | | (*英文*)： | | |  | | | | | | | | | | | | | | | | | |
|  | | (*中文*)： | | |  | | | | | | | | | | | | | | | | | |
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| (b) | | 商業登記證號碼 (*如適用*)： | | | | | | | | | |  | | | | | | | | | | |
|  | |  | | | | | | | | | |  | | | | | | | | | | |
| (c) | | 公司註冊證書號碼 (*如適用*)： | | | | | | | | | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| (d) | | 公司／非政府機構／合夥\*負責人名稱： | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |  |  | | | | | 先生／太太／小姐／女士\* | |
|  | | (*英文姓名，先填姓氏*) | | | | | | | | | | | | | |  | (*中文姓名*) | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | |
| (e) | | 在公司／非政府機構\*出任的職位 (*如適用*)： | | | | | | | | | | | | | | | | | | |  | | |
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| (f) | | 公司／非政府機構／負責合夥人\*的地址： | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
|  | | 香港／九龍／新界\* | | | | | | |  | | | | | |  | | | | | | | |
|  | |  | | | | | | | *地區* | | | | | | *街道名稱及號碼／屋* | | | | | | | |
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|  | | *大廈名稱* | | | | | | | | | | | | | | *座 層數 室* | | | | | | |
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| (g) | | 電話號碼： | | | | |  | | | | | | | | | | | | | | | |
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| (h) | | 傳真號碼： | | | | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| (i) | | 電郵地址： | | | | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | |
| (j) | | **全體**合夥人／**全體**董事\*的資料： | | | | | | | | | | | | | | | | | | | | | |
|  | | (i) |  | | | | | | | | | | | | |  |  | | | | | 先生／太太／小姐／女士\* | |
|  | |  | (*英文姓名，先填姓氏*) | | | | | | | | | | | | |  | (*中文姓名*) | | | | |
|  | |  | 香港身分證號碼： | | | | | | | |  | | | | | | | | | | | | |
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|  | |  | 《適當人士聲明書》(附件A)已另行寄上／夾附於已封口的信封內／夾附而無封套\*。 | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | |
|  | | (ii) |  | | | | | | | | | | | | |  |  | | | | | 先生／太太／小姐／女士\* | |
|  | |  | (*英文姓名，先填姓氏*) | | | | | | | | | | | | |  | (*中文姓名*) | | | | |
|  | |  | 香港身分證號碼： | | | | | | | |  | | | | | | | | | | | | |
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|  | |  | 《適當人士聲明書》(附件A)已另行寄上／夾附於已封口的信封內／夾附而無封套\*。 | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | |
|  | | (iii) |  | | | | | | | | | | | | |  |  | | | | | 先生／太太／小姐／女士\* | |
|  | |  | (*英文姓名，先填姓氏*) | | | | | | | | | | | | |  | (*中文姓名*) | | | | |
|  | |  | 香港身分證號碼： | | | | | | | |  | | | | | | | | | | | | |
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|  | |  | 《適當人士聲明書》(附件A)已另行寄上／夾附於已封口的信封內／夾附而無封套\*。 | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | |  | | | | | | | | | |
|  | | (iv) |  | | | | | | | | | | | | |  |  | | | | | 先生／太太／小姐／女士\* | |
|  | |  | (*英文姓名，先填姓氏*) | | | | | | | | | | | | |  | (*中文姓名*) | | | | |
|  | |  | 香港身分證號碼： | | | | | | | |  | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | |
|  | |  | 《適當人士聲明書》(附件A)已另行寄上／夾附於已封口的信封內／夾附而無封套。\* | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | |
|  | 附加／無附加\*註明另外\_\_\_\_\_\_\_\_\_\_\_名合夥人／董事\*個人資料的附頁。 | | | | | | | | | | | | | | | | | | | | | | |

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| **第IV部 申請人的聲明** |

本人聲明：

(a) 就我所知及所信，這項申請內的全部資料均屬真確無誤；以及

(b) 上文第II部所述的治療中心的運作、經營、管理或其他控制權，均由本人親自持續監管。

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| --- | --- | --- | --- |
| 日期： |  | 申請人簽名： |  |

|  |  |
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| 公司／機構\*印鑑 (*如適用*)： |  |

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| 警告 |
| 根據《藥物倚賴者治療康復中心(發牌)條例》(第五六六章)第10條，任何人士如在這項申請中，或在與這項申請有關連的情況下，作出任何陳述(不論是口頭或書面陳述)，或提供任何資料，而該等陳述或資料在要項上屬虛假，以及該名人士知道或理應知道該等陳述或資料在該要項上屬虛假或會誤導他人，該名人士即屬犯罪。提供這些虛假資料可能對有關申請／續領有關牌照或豁免證明書造成不利影響。 |

註釋：申請人應將申請以掛號信件形式寄往或親自送交社會福利署藥物倚賴者治療中心牌照事務處，每項申請須包括下列文件 ─

(1) 這份申請表的正本連3份副本；

(2) 下列人士的香港身分證附註[[2]](#endnote-2)副本 ─  
個人申請人(如申請人屬個人)；  
**全體**合夥人(如申請人屬合夥)；或  
**全體**董事(如申請人屬法人團體)；

(3) 由稅務局局長發出的(i)商業登記證副本以及(ii)商業登記申請核正副本(適用於私營治療中心)；

1. 由公司註冊處處長發出的公司註冊證書副本(適用於法人團體)；
2. 治療中心處所的租約副本，及/或顯示所涉及土地的使用權類別(例如：政府土地牌照、批地契約、短期租約或短期豁免書等)及有關屆滿日期的文件副本(適用於租用的治療中心處所)；
3. 治療中心處所的轉讓書副本(適用於自置的治療中心處所)；
4. 治療中心處所的樓宇圖則副本5份，圖則須用十進制單位以及符合比例(不少於1:100)；
5. 利用指定表格LODTC 2 及/或 LODTC 2(a) 填寫的全體僱員(包括已聘請及即將聘用的)及/或全體骨幹義工名單；及
6. 由申請人(如申請人為合夥經營/法人團體，即**全體**合夥人/**全體**董事)利用附件A填寫《適當人士聲明書》。此份聲明書可以和申請表格分開提交，以保障個人私隱。

1. 附註 治療中心營辦者須負責確保其中心處所符合大廈公契的規定。 [↑](#endnote-ref-1)
2. 附註 申請人也可選擇出示其香港身分證正本作核對之用。 [↑](#endnote-ref-2)