

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"/>	<u>此欄只供本局填寫</u> <u>For Official Use</u> <u>Only</u> Expiry date: _____ SWD printout Attached <input type="checkbox"/> Accepted _____ On ____ at ____ By _____ <u>Processing officer</u> Name: Post: Date: Signature:
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	
3. 肢體傷殘 Physical disability <input type="checkbox"/>	
4. 言語障礙 Speech impairment <input type="checkbox"/>	
5. 智障 Intellectual disability <input type="checkbox"/>	
6. 精神病 Mental illness <input type="checkbox"/>	
7. 自閉症 Autism <input type="checkbox"/>	
8. 器官殘障/長期病患 Visceral disability/Chronic illness <input type="checkbox"/>	
9. 注意力不足/過度活躍症 Attention deficit/Hyperactivity disorder <input type="checkbox"/>	
10. 特殊學習困難 Specific learning difficulties <input type="checkbox"/>	

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」(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。本人亦同意檔案室可為核實上述資料而進行必要的查詢，並授權所有政府部門及相關組織或機構可就檔案室的查詢，透露任何有關的紀錄及資料。本人明白，若本人蓄意或存心提供不正確資料，或錯誤引導檔案室，將有被檢控的可能。

I declare that all information and relevant supporting documents provided in connection with my application for the “Registration Card for People with Disabilities” are true. I authorise the Central Registry for Rehabilitation (CRR) 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”. I also give consent to the CRR to conduct necessary enquiries for the verification of the above information, and authorise all government departments and related organisations or agencies to release any record and information in response to CRR’s enquiries. I understand that if I knowingly or willfully make any false statement, or otherwise mislead the CRR, it will render me liable to prosecution.

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」（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。本人亦已經取得上述申請人的同意，授權所有政府部門及相關組織或機構可就檔案室的查詢，透露任何有關的紀錄及資料。本人及申請人明白，若本人或申請人蓄意或存心提供不正確資料，或錯誤引導檔案室，將有被檢控的可能。

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 relevant supporting documents provided in connection with the application are true. I have sought the consent of the applicant to authorise the Central Registry for Rehabilitation (CRR) 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". I have also sought the consent of the above applicant to authorise all government departments and related organisations or agencies to release any record and information in response to CRR's enquiries. The applicant and I understand that if the applicant or I knowingly or willfully make any false statement, or otherwise mislead the CRR, it will render the applicant or me liable to prosecution.

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:

香港黃竹坑香葉道 8 號
Marina 8 16 樓 1603 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 1603, 16/F, Marina 8,
8 Heung Yip Road,
Wong Chuk Hang, Hong Kong

電話:2180 9384
傳真:2180 9644

Tel.: 2180 9384
Fax: 2180 9644