**香港聾人福利促進會就業及培訓中心**

**就業服務轉介表**

**Hong Kong Society for the Deaf Employment and Training Centre**

**Referral Form for Employment Services**

**甲部Part I——申請人資料Applicant’s Particulars**

1. **個人資料Personal Particulars**
2. 姓名Name: 按一下或點選這裡以輸入文字。 按一下輸入文字。

*英文正楷English in block letters* *中文Chinese*

1. 性別Sex:  男　 女 3. 身分證號碼HKID No.: 按一下輸入文字。
2. 出生日期Date of birth: 按一下或點選以輸入日期。
3. 住址Residential address: 按一下或點選這裡以輸入文字。
4. 電話Tel. No.: 按一下輸入文字。 7. 傳真Fax No.: 按一下輸入文字。
5. **殘疾Disability**
6. **主要殘疾類別Major Disability Type** (請只選一項Please select one only)
   1. 肢體傷殘Physical disability (請註明please specify:按一下或點選這裡以輸入文字。)
   2. 器官殘障Visceral disability (請註明please specify:按一下或點選這裡以輸入文字。)
   3. 智障Intellectual disability:  嚴重Severe　 中度Moderate　 輕度Mild

其他Others (請註明 please specify: 按一下或點選這裡以輸入文字。)

智商IQ score: 按一下輸入文字。 智力年齡Mental age (月計in months):按一下輸入文字。

診斷日期Date of psychological assessment: 按一下或點選以輸入日期。

* 1. 視覺受損Visual impairment:  失明Blind　 部分失明Partially blind

弱視Low vision

* 1. 精神病Mental illness (請註明please specify:按一下或點選這裡以輸入文字。)
  2. 精神病康復者Ex-mental ill (請註明please specify:按一下或點選這裡以輸入文字。)
  3. 聽覺受損Hearing impairment:  失聽Deaf　 弱聽Partially impaired
  4. 其他Others (請註明please specify: 按一下或點選這裡以輸入文字。)

1. **其他殘疾類別Other Disability** (除B1部分以外Apart from Part B1)

沒有No

有，請註明**^** Yes, please specify**^**: 按一下或點選這裡以輸入文字。

*^ 如申請人有其他殘疾或其他診斷，請說明。下述適用於甲部B1.3的回答是「輕度」或「其他」，而申請人沒有其他殘疾：如申請人經醫療專業人員推薦，認為可以在就業服務中受益，請填寫「經醫療專業人員推薦」；如申請人有待接受評估／推薦，請填寫「待評估」。If the applicant has other disability or other diagnosis, please specify. If the reply to Part IB1.3 is “Mild” or “Others” while the applicant has no other disability, please fill in “RECOMMENDED BY ALLIED HEALTH PROFESSIONAL” for applicant who can be benefitted from employment service as recommended by allied health professional OR “PENDING ASSESSMENT BY OPERATOR” for applicant pending assessment/recommendation of the employment service operator.*

**附上以下文件The following document(s) is/are attached:**

職業評估報告 vocational assessment report

臨床心理學家或教育心理學家報告 (適用於殘疾類別為智障的申請人) clinical or educational psychologist report (for applicant with intellectual disability)

精神科診所／醫院精神病科醫生或私人執業精神病科醫生的報告 (適用於殘疾類別為精神病或出現早期精神病徵狀的申請人) report prepared by psychiatrist or medical officer in psychiatric unit/hospital or psychiatrist in private practice (for applicant with mental illness or early signs of mental illness)

診所／醫院或私人執業醫生的報告 (適用於殘疾類別為肢體傷殘或器官殘障的申請人) report prepared by medical officer in clinic/hospital or medical practitioner in private practice (for applicant with physical handicap or visceral disability)

眼科診所／醫院醫生或私人執業眼科醫生的報告 (適用於殘疾類別為視覺受損的申請人) report prepared by medical officer in eye clinic/hospital or ophthalmologist in private practice (for applicant with visual impairment)

聽覺學家報告 (適用於殘疾類別為聽覺受損的申請人) audiologist report (for applicant with hearing impairment)

1. **補充資料Additional Information** (如適合才選Please select only if appropriate)
   1. 痙攣Spastic　 大腦性麻痺Cerebral palsy

癲癇Epilepsy (控制下under control/非控制下\* Not under control\*)

* 1. 輪椅Wheelchair　 行動靠輔助器械Walk with rehabaid (請註明please specify: 按一下或點選這裡以輸入文字。

需陪同者同行Walk with escort　 行動靠有轆的床Bed ridden

* 1. 需協助行樓梯／斜坡Climb stairs/slope with other assistance

協助下未能行樓梯／斜坡Unable to climb stairs/slope even with other assistance

* 1. 需協助乘坐交通工具Take public transport with escort

協助下未能乘坐交通工具Unable to take public transport even with other assistance

* 1. 需經常服藥Regular medication required (請註明please specify:按一下或點選這裡以輸入文字。)
  2. 需以下治療Treatment required

職業治療Occupational therapy　 物理治療Physiotherapy

精神科覆診Psychiatric follow-up　 其他Others (請註明 please specify: 按一下或點選這裡以輸入文字。)

* 1. 需以下輔助器械Rehabaid using

助聽器Hearing aid　 助視器Visual-aid　 輪椅Wheelchair

助行器Ambulator　 義肢Prosthesis　 雙腳規形步行夾Calipers

拐杖Crutches　 三腳杖Tripod　 特製鞋履Special boots

其他Others (請註明 please specify: 按一下或點選這裡以輸入文字。)

*\* 請刪去不適用的Please delete the item not applicable*

1. **領取政府津貼援助Financial assistance received**
2. **綜合社會保障援助CSSA**  沒有No　  有Yes (編號No.: 按一下輸入文字。)
3. **傷殘津貼DA**  沒有No　  有Yes (編號No.: 按一下輸入文字。)
4. **地區選擇Location preference**

沒有No

有Yes (如申請人對居住地區以外的地點有偏好，指明**3個**地區／服務點。只有當該地區有輔助就業服務，才會提供該地區選擇indicate **3 choices** in region/district/service unit if applicant has preferences other than his/her residential district. Remarks: choice in district will be offered only if service unit(s) is/are available in the district)

1. 按一下或點選這裡以輸入文字。 2. 按一下或點選這裡以輸入文字。
2. 按一下或點選這裡以輸入文字。
3. **教育／訓練Education/Training**
4. **Education Level**  幼稚園Kindergarten　 小學Primary　 中學Secondary

大專或以上Post-secondary　 特殊學校Special school

未受教育Post-secondary

1. **Vocational training received**

沒有No

有，請註明Yes, please specify: 按一下或點選這裡以輸入文字。

1. **Sheltered workshop attended**　 沒有No　 有Yes
2. **現時情況Present status**

庇護工場學員Sheltered worker (庇護工場名稱Name of sheltered workshop: 按一下或點選這裡以輸入文字。)

特殊學校學生Special school student

職業訓練局學生VTC Student

公開就業Open employment

留在家中Staying at home

精神科日間醫院Psychiatric day hospital

其他Others (請註明please specify: 按一下或點選這裡以輸入文字。)

1. **申請前一個月情況Status one month before application**

庇護工場學員Sheltered workshop trainee

綜合職業康復服務中心學員Trainee of Integrated Vocational Rehabilitation Services Centre (IVRSC)

輔助就業服務學員Trainee of Supported Employment (SE) service

綜合職業訓練中心學員Trainee of Integrated Vocational Training Centre (IVTC)

「陽光路上」培訓計劃學員Trainee of Sunnyway – On the Job Training Programme for Young People with Disabilities (Sunnyway)

殘疾人士在職培訓計劃On the Job Training Programme for People with Disabilities (OJT)

普通學校學生General school student

特殊學校學生Special school student

職業訓練局展亮技能發展中心學員Student of Shine Skills Centre of Vocational Training Council

再培訓局學員Trainee of Employment Retraining Board

新近出院Newly discharged from hospital

中途宿舍舍友Halfway house resident

其他Others (請註明please specify: 按一下或點選這裡以輸入文字。)

1. **其他康復服務資料History of receiving other subvented rehabilitation services**

申請人曾接受以下康復服務The applicant had received the following rehabilitation service(s):

庇護工場Sheltered workshop

綜合職業康復服務IVRSC

輔助就業服務SE service

綜合職業訓練中心IVTC

殘疾人士在職培訓計劃On the Job Training Programme for People with Disabilities (OJT)

「陽光路上」培訓計劃學員Sunnyway – On the Job Training Programme for Young People with Disabilities (Sunnyway)

其他Others (請註明please specify: 按一下或點選這裡以輸入文字。)

1. **同住親友資料Particular of Family Members/Close Relatives (living together with applicant)**

|  |  |  |  |
| --- | --- | --- | --- |
| 姓名  Name | 關係  Relationship with applicant | 性別  Sex | 年齡  Age |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

監護人／近親姓名\* Name of Guardian/Next of Kin\*: 按一下或點選這裡以輸入文字。

聯絡電話Contact Tel. No.: 按一下或點選這裡以輸入文字。

*\* 請刪去不適用的Please delete the item not applicable*

1. **工作紀錄Employment Record** (最近三次The latest 3 times)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 期間  Period | 公司名稱  Name of Company | 職位  Position | 薪金  Wages | 離職原因  Reason for leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **服務參加紀錄Service Participation Record**

申請人 **曾／未曾\*** 參加任何機構營辦的殘疾人士在職培訓計劃或「陽光路上」培訓計劃The applicant **have / have not\*** participated in the On the Job Training Programme for People with Disabilities (OJT) or the Sunnyway Programme (如曾參加，請提供機構名稱if yes, please provide the name of the organisation:按一下或點選這裡以輸入文字。)

*\* 請刪去不適用的Please delete the item not applicable*

**乙部Part II——轉介者資料Referrer’s Information**

1. **轉介者資料 Referrer’s Information**

檔案編號Case ref. no.: 按一下輸入文字。 電話Tel.: 按一下輸入文字。

轉介者姓名Name of referrer: 按一下輸入文字。 傳真Fax: 按一下輸入文字。

辦事處／中心Office/Centre: 按一下輸入文字。 日期Date: 按一下輸入文字。

1. **建議Recommendations**

(評估申請人公開就業的能力及是否適合就業服務General assessment of the vocational need and potentials of the applicant for open employment and suitability for employment services)

按一下或點選這裡以輸入文字。

1. **聲明Declaration**

轉介者聲明在處理此申請時沒有利益衝突。轉介者不是申請人的家庭成員或個人朋友，與申請人沒有個人或社會關係。Referrer has declared that there is no conflict of interest in handling this application. Referrer is not a family member or personal friend of the applicant and has no personal or social ties with the applicant.

**香港聾人福利促進會**

**就業及培訓中心**

**轉介同意書**

致香港聾人福利促進會：

本人　　　　　　　身份證號碼　　　　　　　(　)，

同意　　　　　　　　　　　　　　　　　　　（轉介機構名稱）

　　　　　　　　　（轉介者姓名）轉介本人接受香港聾人福利促進會就業及培訓中心的服務。

申請人簽署：

申請人姓名：

日　　　期：