

 <p>香港醫護學會 HONG KONG HEALTH CARE FEDERATION</p>	Document:	
	Application Form	
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Reviewed by Chairman	Approved by Managing Director	
Signature / Date:	Signature / Date:	

「優質長者服務」計劃申請表格

Quality Elderly Service Scheme (QESS) Application Form

Operator ID.: _____ (審查委員會專用 For official use)

* 為必須填寫項目 Compulsory items

甲部：營運機構資料

SECTION A: OPERATOR BACKGROUND

1. 營運機構的詳細資料 Applicant Operator Details

營運機構資料 Operator Details

註冊機構名稱 Registered Organisation Name*: _____

商業登記牌照號碼 Business Registration No.*: _____

社會福利署牌照號碼(如適用)

Social Welfare Department Licence No. (if applicable): _____

社會福利署牌照到期日(如適用)

Social Welfare Department Licence Due Date (if applicable): _____

中文營業名稱 Chinese Operating Name: _____

英文營業名稱 English Operating Name: _____

中文地址 Chinese Address*: _____

英文地址 English Address*: _____

電話號碼 Telephone No.*: _____

客戶查詢電話 Customer Hotline *: _____

傳真號碼 Fax No.: _____

電郵地址 E-mail Address*: _____

機構網址 Organization Website: _____

開放時間 Opening Hours: _____

母機構資料(如適用) Mother Organization Detail (if applicable)

註冊機構名稱 Registered Organisation Name*: _____

中文地址 Chinese Address*: _____

英文地址 English Address*: _____

電話號碼 Telephone No.*: _____

傳真號碼 Fax No.: _____

電郵地址 E-mail Address*: _____

機構網址 Organization Website: _____

香港長者服務中心的總數 Total number of service centres in Hong Kong: _____

2. 聯絡人 Contact Person

中文姓名 Chinese Name*: _____

英文姓名 English Name*: _____

職位 Position*: _____

聯絡電話號碼 Contact No.*: _____

電郵地址 E-mail Address*: _____

3. 服務性質 Service Nature

請選擇 貴機構之服務性質(請於以下其中一項填上 ✓ 號)*:

Please select the main type of service your organization provided (Please only one of these boxes)*:

服務類別 Service Type	詳細資料 Details	
<input type="checkbox"/> 安老院 Homes for the Aged:	現時服務人數 Number of people served currently:	
<input type="checkbox"/> 護老院: Nursing Homes:	床位數目 Number of places:	現時入住人數 Number of current residents:
<input type="checkbox"/> 護理安老院: Care and Attention Homes for the Elderly	服務人數 Number of people served:	
<input type="checkbox"/> 其他: Others :	請註明 Please specify:	

4. 機構背景、服務或產品簡介 (不多於 200 字) *

Organisation background, service or product description (not more than 200 words) *

乙部：所需申請文件

SECTION B: REQUIRED DOCUMENTS FOR APPLICATION

(請於適當空格內加上✓ 號) (Please ✓ the box where appropriate)

1. 商業登記證及牌照 Business Registration Certificate and Licence

請遞交下列文件副本乙份：

Please submit one copy of the following documents:

- ☐ 商業登記證 Business Registration Certificate
- ☐ 社會福利署牌照(如適用) Licence from the Social Welfare Department (if applicable)

2. 其他資料(如適用) Additional Information (if applicable)

請提供有助你申請成功的其他資料：

You may provide any additional information to support your application:

所得獎項（請附上獎狀的副本）

Awards (please attach a copy of the award certificate)

年份及獎項名稱 Year and Award: _____

獎項頒發機構 Issued by: _____

年份及獎項名稱 Year and Award _____

獎項頒發機構 Issued by: _____

年份及獎項名稱 Year and Award _____

獎項頒發機構 Issued by: _____

丙部：投訴紀錄聲明

SECTION C: DECLARATION OF COMPLAINT RECORDS

本人謹此聲明，本申請機構在過去三年內# 曾經／從未涉及包括消費者委員會／警方／海關／社會福利署在內等機構的投訴紀錄*。

I, the undersigned, declare that the applicant operator # has / has not received any complaint recorded with the Consumer Council/ Police /Customs & Excise /Social Welfare Department etc in the past three years*.

#請刪除不適用者 Please delete non- applicable ones.

請就投訴個案提供詳細資料(如適用) Please provide details of any complaint case(s) (if applicable).

索取消費者委員會投訴記錄同意書

香港醫護學會為「優質長者服務計劃」的獨立評核機構，現正就貴機構的申請進行評審工作。在評審的過程中，本局或需向消費者委員會索取貴機構過往曾被顧客投訴的相關記錄及資料，作為評審時參考之用。所有索取的資料只會用於有關計劃的申請評審用途。煩請貴機構填妥下列同意書部份，以表明同意上述的安排。

機構名稱： _____

機構地址： _____

「本機構 同意 香港醫護學會向消費者委員會索取本機構過往曾被顧客投訴的相關記錄及資料。」

機構代表簽署： _____

機構代表姓名： _____

機構代表職位： _____

機構蓋章： _____

日期： _____

丁部：行政年費及付款方式

SECTION D: ADMINISTRATION ANNUAL FEES & PAYMENT METHODS

參與「優質長者服務」計劃須於申請時繳交相應的行政年費港幣\$11,000，所有費用必須於申請時全數繳交。此費用包括一次性的審查費及一年之行政費用。

Administration annual fees of HK\$ 11,000 must be paid in full at the time of submission of the application. Such fees include the one-off assessment fee and the administration annual fee.

付款方式（請於適當空格內加上✓號）*

Payment Method (Please✓ the appropriate box)*

☐ 支票付款 By cheque

劃線支票抬頭「香港醫護學會有限公司」；恕不接受期票。

Please make a crossed cheque payable to “The Hong Kong Health Care Federation Limited” ; post-dated cheques will not be accepted.

☐ 銀行入賬 Bank-in

請將行政年費存入以下銀行戶口及將銀行存款收據連同申請文件一併交予香港醫護學會。

Please deposit the administration annual fees to the following bank account, attach the bank-in slip with the application when submitted.

南洋銀行

戶口名稱 Account Name：香港醫護學會有限公司 The Hong Kong Health Care Federation Limited

戶口號碼 Account No. :043-50210324959

所有文件及申請年費須一併提交，否則申請將不獲受理。

The application will be considered only when full payment of the administration annual fee is made at the time of application submission.

如未能成功通過評核，申請者所繳交的任何費用將不獲退還。

In the event of an unsuccessful assessment, any fees paid by the applicants will not be refunded.

戊部：相關聲明、彌償、協定及放棄權利

SECTION E: GENERAL DECLARTIONS, INDEMNITY, AGREEMENT AND WAIVER

1. 本人／我們在此聲明，本人／我們已領取經營本人／我們的行業所要求的全部牌照及許可證明，並遵照所有相關的法規經營及持續經營本人／我們的一切業務。
I/We affirm that I/We have all licences and permits required to legally conduct my business and that I/We will continue to act in compliance with the law.
 2. 本人／我們確認已閱讀及同意遵循「優質長者服務」計劃介紹冊子內提及的規則及相關之條款及細則。
I/We confirm I/We have read and agree to abide by ALL the Rules and Terms and Conditions of the QESS as set out in the QESS Booklet.
 3. 本人／我們在此聲明，有關此項申請與及在評核過程中提供的資料及文件均真實、正確及詳盡。本人／我們已全面地以書面形式披露本人／我們所知悉的一切相關此申請的重要資料，以作評核參考之用。
I/We affirm that all the information and supporting documents provided in this application are true, accurate and complete, as will be the case for all information and documents I/We provide in the future for the assessment purpose.
 4. 本人／我們聲明本人／我們合符「優質長者服務」計劃介紹冊子的第5部份所有的基本要求，及沒有涉及「優質長者服務」計劃介紹冊子第12部份所載的任何情況。本人／我們同意本人／我們有責任提供令「優質長者服務」計劃評核機構相信的證明，證明上列要求及條件已獲履行。
I/We affirm that I/We meet all basic requirements set out in Section 5 of the QESS Booklet and have not been engaged in any circumstances set out in Section 12. I/We understand that I/We have an obligation to prove to the satisfaction of the QESS Assessment Party that I/We have fulfilled these requirements and conditions.
 5. 本人／我們同意就「優質長者服務」計劃顧問(包括其委員)、「優質長者服務」計劃督導委員會(包括其委員)及香港醫護學會因發生以下情況而直接或間接產生或蒙受的一切損失、損害、申索或各項法律責任，即使可能因「優質長者服務」計劃顧問(包括其委員)、「優質長者服務」計劃督導委員會(包括其委員)及香港醫護學會，包括其評核員)或其代理人疏忽所引致，而向上列任何有關方面作出充分及有效彌償：
I/We indemnify QESS Advisors (including its committee members), QESS Steering Committee (including its committee members), and Hong Kong Health Care Federation (including its assessors) against any loss, damage, claim or liability, whether or not it results from the negligence of the QESS Advisors (including its committee members), QESS Steering Committee (including its committee members) and Hong Kong Health Care Federation (including its assessors):
 - a. 本人／我們作出的任何相關陳述、承諾、保證或聲明屬於誤導、失實或不完整；或
any representation, warranty or declaration made by me/us that is untrue, inaccurate, incomplete or misleading; or
 - b. 本人／我們不遵循或疏忽進行「優質長者服務」計劃的規則或條款及細則、「優質長者服務」計劃督導委員會的裁決及「優質長者服務」計劃證書、標貼、標誌及宣傳品的使用及展示規則及指引；或
any default or negligence by me/us in complying with the Rules or Terms and Conditions of the QESS, the ruling of the Steering Committee and the Regulations and Guidelines governing the use and display of the QESS certificates, logo, decals, collaterals and promotion materials; or
 - c. 本人／我們與本人／我們的客戶之間的各種爭議；或
any dispute between me/us and my/our customers; or
 - d. 本人／我們的客戶提出任何索償或投訴，或因為本人／我們作為「優質長者服務」計劃之合資格機構身份，或「優質長者服務」計劃督導委員會根據「優質長者服務」計劃介紹冊子第12條發佈及公開的相關事宜。
any claim or complaint made by my/our customers, or as a result of I/We being a QESS qualified merchant, or as a result of the publication or announcement made by the QESS Steering Committee in accordance with Section 12 of the QESS Booklet.
- 本人／我們的「優質長者服務」計劃資格被終止或取消後，此承諾持續有效。
This provision shall survive the termination or withdrawal of my/our QESS status.
6. 本人／我們贊同「優質長者服務」計劃督導委員會可披露或公開本人／我們的申請機構名稱、地址、電話號碼、網址及相關資料，作為推廣優質服務之用。
I/We give the QESS Steering Committee permission to disclose or publish the name, address(es), telephone number(s), websites, and any other relevant information of my organisation(s) for promotion of quality services.
7. 香港醫護學會及「優質長者服務」計劃督導委員會可按其認為合適的媒體或方式，要求本人／我們同意將本人／我們（及本人／我們旗下的商舖）之名稱、商標、標誌、店舖、產品、員工、建築物或任何藝術品的使用、印製、宣傳或攝影權交予香港醫護學會，作推廣「優質長者服務」計劃之用。
I/We grant Hong Kong Health Care Federation and the QESS Steering Committee the right to use, print, publicise or picture my/our name, trademark, logo, shops, products, people, buildings or any work of art related to my/our organisation to promote the QESS in such media and manner as Hong Kong Health Care Federation deems appropriate.
8. 本人／我們同意遵循「優質長者服務」計劃證書所刊登或「優質長者服務」計劃督導委員會在任何時候向本人／我們通知「優質長者服務」計劃標誌規則、標誌使用指引及「優質長者服務」計劃標貼／宣傳品使用及展示指引。
I/We agree to abide by the Regulations of the QESS Logo, Guidelines for Use of the QESS Logo, and Guidelines for Use and Display of the QESS decal/collateral as may be imprinted on the QESS certificate or otherwise notified to me/us by the QESS Steering Committee from time to time.
9. 由於香港醫護學會及「優質長者服務」計劃督導委員會同意本人／我們申請參與「優質長者服務」計劃，以及在通過評核後確認本人／我們為「優質長者服務」計劃，本人／我們贊同「優質長者服務」計劃督導委員會可向機構提供或從機構索取有關申請資料或投訴紀錄，惟該有關資料及文件必須是評核過程所需。此外，本人／我們特此聲明無條件下完全放棄對「優質長者服務」計劃顧問(包括其委員)、「優質長者服務」計劃督導委員會(包括其委員)及香港醫護學會(包括其評核員)、其代理人、上列各機構及其高級員工、董事、員工、代理、附屬公司、聯屬公司、繼承人及受讓人(「豁免人士」)所有的申索權利。而本人／我們進一步同意向各豁免人士作出賠償，其對彼等因向本人／我們發出上列投訴紀錄及資料可能產生或面臨的所有法律責任、索償、申索、損失或賠償(盡法律所容許的限度)作出彌償。即使本人／我們的「優質長者服務」資格被終止或取消後，此承諾持續有效。
I/We agree that Hong Kong Health Care Federation and the QESS Steering Committee may release and/or seek information and complaint records relating to this application and the organisation if it is necessary to conduct the assessment process. To assist Hong Kong Health Care Federation in granting me/us QESS status, I/We hereby waive all rights of claim against QESS Advisors (including its committee members), QESS Steering Committee (including its committee members) and Hong Kong Health Care

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Federation (include its assessors), and their agents, and anyone else arising out of, or in relation to, the enquiry or the release of complaints records and information which have been lodged against me/us. I/We also hereby agree to indemnify, save and hold harmless all parties and individuals from any liabilities, claims, demands, losses or damages which they may incur or suffer arising from or in connection with the release of any complaint records or information. This provision shall survive the termination or withdrawal of my/our QESS status.

10. 由於 香港醫護學會同意本人／我們申請參與「優質長者服務」計劃，以及在通過評核程序下確認本人／我們為「優質長者服務」機構，本人／我們特此聲明無條件下完全放棄一切對「優質長者服務」計劃顧問(包括其委員)、「優質長者服務」計劃督導委員會(包括其委員) 及香港醫護學會(包括其評核員)及其代理人之一切申索權利。即使本人／我們於「優質長者服務」計劃資格被終止或取消後，亦不論該申索權利是否與計劃或其他方面有關，此承諾持續有效。
In return for Hong Kong Health Care Federation allowing me/us to join the QESS and, subject to assessment, granting me/us QESS status, I/we unconditionally and absolutely waive all rights of claim against QESS Advisors (including its committee members), QESS Steering Committee (including its committee members) and Hong Kong Health Care Federation (includes its assessors) and their agents, whether in relation to the scheme or otherwise. This provision shall survive the termination or withdrawal of my/ our QESS status.
11. 本人／我們贊同交回此申請表後，如因任何原因未能符合本計劃之申請，已付之行政年費將不獲退還。
I/We understand that after submitting the application, the paid administration annual fees per outlet will not be returned if the application for the Scheme fails for any reason.
12. 本人／我們已閱讀及確認於「優質長者服務」計劃的評核標準。本人／我們特此聲明絕對接受及服從根據該評核標準所作出的評核結果，以及「優質長者服務」計劃督導委員會根據有關評核結果所作出之任何決定。
I/We have read and acknowledged the assessment criteria of the QESS as set out in the QESS booklet. I/we unconditionally and absolutely accept the assessment result based on the assessment criteria and any decision made by the QESS Steering Committee based on the assessment result.
13. 本人／我們明白收取了申請費用並不表示可獲得「優質長者服務」計劃資格。本人／我們同意，無論基於任何理由，有關申請費用概不退還。
I/we understand that the acceptance of my/our application fee does not mean to grant me/us a QESS status. I/We agree that the application fee is not refundable for any reason.

已部：遞交申請文件列表

SECTION G: CHECKLIST FOR THE APPLICATION SUBMISSION

請將下列文件連同行政年費遞交到下列地址：

Please submit the following documents and administration annual fees to the below address:

香港九龍尖沙咀梳士巴利道 3 號星光行 4 樓

香港醫護學會

Hong Kong Health Care Federation,

4/F, Star House, 3 Salisbury Road, Tsim Sha Tsui, Kowloon, Hong Kong

☐ 填妥之「優質長者服務」計劃申請表格

Completed QESS Application Form

☐ 商業登記證及有關牌照之副本

Copies of Business Registration Certificate(s) and any relevant licence(s)

☐ 繳交行政年費的劃線支票或銀行入票收據（抬頭：香港醫護學會有限公司）

A crossed cheque or bank-in slip for the administration annual fees made payable to "Hong Kong Health Care Federation Limited"

☐ 附件一 自我評核問卷（必須於遞交計劃申請表格後兩星期內遞交到香港醫護學會辦事處

A crossed cheque or bank-in slip for the administration annual fees made payable to "Hong Kong Health Care Federation Limited"

如有查詢，請聯絡香港醫護學會。

For further information, please contact Hong Kong Health Care Federation.

電話 Contact No. : (852) 2575 5839/ 2575 5903

傳真 Fax : 2778 1810

電郵 Email address : contact@healthcare.org.hk

網址 Website : <http://www.healthcare.org.hk>

謹代表 For and on behalf of

申請營運機構名稱 Registered Operator Name

日期 Date

授權簽署 Authorised Signature

機構印章 Organisation Stamp

姓名 Name

職位 Position

8. 請列出檢測消防用具、抽風系統及其他護理用具的時間表
9. 請列出與院友或院友家屬溝通的模式及時間
10. 請列出與員工溝通的模式及時間
11. 請列出院舍制定營運指標的項目
12. 請提供院舍有諮詢營養師的餐單
13. 請提供長者起居照顧時間表

第二部份

1. 多久安排院友洗澡一次?	每_____天一次
2. 多久替院友剪髮一次?	每_____天一次
3. 多久替院友剃鬚一次?	每_____天一次
4. 多久替院友剪指甲一次?	每_____天一次
5. 多久洗換床單及枕袋一次?	每_____天一次
6. 多久進行防治蟲鼠措施一次?	每_____月一次
7. 多久安排醫生到訪一次?	每_____星期一次
8. 多久安排一次院友外出活動?	每_____星期一次

第三部份

1. 請簡述貴院舍處理藥物的程序
2. 請簡述貴院舍處理食物的程序
3. 請簡述貴院舍篩選入住申請的程序
4. 請簡述貴院舍處理長者的財物的程序
5. 請簡述處理投訴的程序