

「陽光路上」培訓計劃申請表
Application Form for
Sunnyway - On the Job Training Programme for Young People with Disabilities

甲部 (由申請人/家長/監護人/社工填報)

Part I (Completed by applicant/parents/guardian/social worker)

A. 個人資料 Personal Particulars

1. 姓名 Name: _____
(英文正楷 English in block letters) (中文 Chinese)
2. 性別 Sex: ☐ 男 Male ☐ 女 Female 3. 身分證號碼 HKID No.: _____ ()
4. 出生日期 Date of birth: _____ (日dd) _____ (月mm) _____ (年yyyy)
5. 住址 Residential address: _____
6. 電話 Tel. No.: _____ 傳真 Fax No.: _____

B. 殘疾 Disability

1. 主要殘疾類別 (請只✓一項) Major Disability Type (please ✓ one only)
 - 1.1 ☐ 肢體傷殘 Physical disability (請註明 please specify: _____)
 - 1.2 ☐ 器官殘障 Visceral disability (請註明 please specify: _____)
 - 1.3 ☐ 智障 Intellectual disability: ☐ 嚴重 Severe ☐ 中度 Moderate ☐ 輕度 Mild
☐ 其他, 請註明 Others, please specify: _____
 智商 IQ score: _____ 智力年齡(月計) Mental age (in months): _____
 - 1.4 ☐ 視覺受損 Visual impairment: ☐ 失明 Blind ☐ 部份失明 Partially blind
☐ 弱視 Low vision
 - 1.5 ☐ 精神病 Mental illness / 早期精神病徵狀 Early signs of mental illness
 (請註明 please specify: _____)
 - 1.6 ☐ 聽覺受損 Hearing impairment
 - 1.7 ☐ 其他 Others (請註明 please specify: _____)
2. 補充資料 Additional information (如適合才需要✓ / Please ✓ only if appropriate)
 - 2.1 ☐ 痙攣 Spastic ☐ 大腦性麻痺 Cerebral palsy ☐ 癲癇 Epilepsy
 - 2.2 ☐ 輪椅 Wheelchair ☐ 行動靠輔助器械 Walk with rehabaid (請註明 please specify: _____)
 - 2.3 ☐ 需要配戴助聽器 Hearing-aid required
 - 2.4 ☐ 需要配戴助視器 Visual-aid required
 - 2.5 ☐ 需要經常服藥 Regular medication required (請註明 please specify: _____)
 - 2.6 ☐ 需要經常覆診 Regular follow up required (請註明 please specify: _____)

- C. 領取綜合社會保障援助 Receiving CSSA: ☐ 是 Yes ☐ 不是 No
 領取傷殘津貼 Receiving DA: ☐ 是 Yes ☐ 不是 No

D. 教育/訓練 Education/Training

1. 最高教育程度 ☐ 幼稚園Kindergarten ☐ 小學Primary ☐ 中學Secondary
 Highest education level: ☐ 大專或以上Post-secondary ☐ 特殊學校Special school
☐ 未受教育 No schooling
2. 職業訓練 ☐ 沒有 No
 Vocational training received: ☐ 有，請註明 Yes, please specify: _____

E. 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: _____

聯絡電話 Contact Tel. No.: _____

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

F. 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

G. 申請前一個月的情況 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)
☐ 殘疾人士在職培訓計劃學員 Trainee of On the Job Training Programme for the 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，請註明 Others, please specify : _____

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

申請人曾接受以下✓號揀選的康復服務

The applicant had received the following rehabilitation service(s) with a “✓”:

- ☐ 庇護工場 Sheltered workshop
- ☐ 綜合職業康復服務中心 IVRSC
- ☐ 輔助就業服務 SE Service
- ☐ 綜合職業訓練中心 IVTC
- ☐ 「陽光路上」培訓計劃 Sunnyway – On the Job Training Programme for Young People with Disabilities
- ☐ 殘疾人士在職培訓計劃 On the Job Training Programme for People with Disabilities (OJT)
- ☐ 其他，請註明 Others, please specify: _____
- ☐ 沒有 No

乙部 Part II (由轉介者填寫 Completed by referrer)

(自行申請者不用填寫此部。 *This Part is not applicable to self-approach applicants.*)

A. 轉介者資料 Referrer's Particulars

檔案編號 Case ref. no.: 電話 Tel.:

轉介者姓名 Name of referrer: 傳真 Fax.:

辦事處/中心 Office/Centre: 日期 Date:

B. 建議 Recommendations

(評估申請人公開就業的能力及是否適合「陽光路上」培訓計劃)

General assessment of the applicant's capability for open employment and suitability for the Sunnyway - On the Job Training Programme for Young People with Disabilities)

[illegible]

C. 夾附文件 Attached document(s)

隨表附上以下文件(如有請✓) The following document(s) is/are attached together with this application form (please ✓if applicable):

- ☐ 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)

丙部 Part III 聲明書 Declaration

本人現申請「陽光路上」培訓計劃並作出如下聲明 I am applying for the Sunnyway - On the Job Training Programme for Young People with Disabilities (the Sunnyway Programme) and hereby make the following declaration -

1. 本人*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。(如曾參加，請提供機構名稱_____)。 I *have/ have not participated in the On the Job Training Programme for People with Disabilities or the Sunnyway Programme (if yes, please provide the name of the organisation _____).
2. 本人現沒有申請其他機構營辦的殘疾人士在職培訓計劃或「陽光路上」培訓計劃。
I am not applying for On the Job Training Programme for People with Disabilities or the Sunnyway Programme provided by other organisations.
3. 本人現時不是日間訓練或職業康復服務或就業培訓計劃的服務使用者。 Presently, I am not a service user of any day training or vocational rehabilitation services or employment training programme.
4. 本人明白並同意營辦機構收集本人的資料，目的是評估本人申請「陽光路上」培訓計劃。本人同意該等資料可以交給機構轄下其他單位，其他有關機構及社會福利署，以處理本人參加該計劃的申請。本人亦明白可以向營辦機構查閱該等資料及要求作出修改。 I understand and agree to the organisation obtaining information from me for the purpose of assessing my application for the Sunnyway Programme. I agree that these data can be transferred to other units of the organisation, other related organisations and the Social Welfare Department to process my application for joining the Sunnyway Programme. I also understand that I can approach the organisation on personal data access and data correction matters.
5. 本人同意若營辦機構發現本人所提供的資料與事實不符，營辦機構有權即時終止服務。本人亦可能被要求退還曾收取的就業見習津貼。 I agree that the organisation may terminate the service which is providing to me immediately if the organisation has found out that the information provided by me is contrary to fact. I also understand that I may be required to return all the claimed allowance in connection with my job attachment.
6. 本人承諾將會 I agree that I will :
 - 完成整項「陽光路上」培訓計劃 complete the whole Sunnyway Programme;
 - 出席營辦機構所安排各項有關該計劃的活動和訓練 attend all the training programmes and activities provided by the organisation;
 - 完成就業見習及每月出席率達百分之八十或以上 complete the job attachment with monthly attendance of at least 80%; 及 and
 - 接受在職試用安排 accept offer of job trial.
7. 本人明白只有在每月就業見習出席率達百分之八十或以上，本人才會獲發每月2,000元的標準見習津貼金額。每名參加者只可獲發最多三個月的津貼。本人明白本人與提供見習的機構並沒有僱傭關係。 I understand that I will receive job attachment allowance at a rate of \$2,000 per month only if my monthly attendance in the job attachment is 80% or over. Each participant is only entitled to the job attachment allowance for a maximum period of three months. I understand that there is no employer-employee relationship between me and the organisation(s) that provide job attachment opportunities to me.
8. 本人明白與營辦的「陽光路上」培訓計劃的機構並沒有僱傭關係。 I understand that there is no employer-employee relationship between me and the organisation operating the Sunnyway Programme.

Restricted

申請人簽署

Applicant's Signature : _____

申請人姓名

Applicant's Name : _____

日期 Date : _____

* 請刪去不適用的 Please delete as appropriate

*監護人/見證人簽署

*Guardian/Witness's Signature : _____

*監護人/見證人姓名

*Guardian/Witness's Name : _____

日期 Date : _____