



香港復康會
The Hong Kong Society
for Rehabilitation
易達旅運
Easy-Access Travel & Transport

易達童行資助計劃申請表格 ecAccess4Children Application Form

I. 計劃使用者的個人資料 Personal Data of Applicant

計劃使用者姓名: (中文)	(英文)
User Name: (Chinese)	(English)
性別: <input type="checkbox"/> 男 Male / <input type="checkbox"/> 女 Female	出生日期: 年 月 日
Gender:	Date of Birth: Year Month Day
香港身份證號碼:	輪椅種類: <input type="checkbox"/> 電動輪椅 Electrical wheelchair
HKID Card No.:	Type of wheelchair: <input type="checkbox"/> 手動輪椅 Manual wheelchair
聯絡電話: (家)	(手提)
Contact Telephone Number: (Home)	(Mobile)
聯絡人姓名: (父)	電話:
Contact Name: (Father)	Telephone:
聯絡人姓名: (母)	電話:
Contact Name: (Mother)	Telephone:
聯絡人姓名: (監護人)	電話:
Contact Name: (Guardian)	Telephone:
住址:	
Residential address:	
使用者情況/需要: <input type="checkbox"/> 依賴輔助呼吸醫療儀器 Relying on assisted respiratory medical equipment	
User Conditions/Needs: <input type="checkbox"/> 其他 Others	
備註/其他:	
Remark/Others:	

II. 轉介人士證明 Proof of Referrer

_____(姓名) 為_____ (所屬醫院/機構) 的 註冊醫生 / 護士 / 治療師 / 社工 / 其他(請註明) * _____, 並證明有關計劃使用者合資格使用《易 達童行資助計劃》的服務。	
_____(Name) is the registered doctor / nurse / therapist / social worker / others (please describe)* _____ of _____ (affiliated hospital / organization name). And prove that the relevant project users are eligible to use the services of the ecAccess4Children Transportation Subsidy Scheme.	
聯絡電話:	日期:
Contact Tel. No. _____	Date: _____
簽署:	醫院 / 機構印章:
Signature: _____	Hospital / Organization Chop: _____

*請刪去不適合選項 Please delete as inappropriate

III. 服務計劃細則 Service Subsidy Scheme Terms & Conditions

- 有關服務計劃的使用者，必須經所屬醫院或機構的醫生、護士、專職醫療、駐院社工或其他社會服務機構的社工轉介，並患有嚴重疾病或複雜醫療或嚴重身體殘疾而需要坐輪椅的病童。
Service users must be referred by registered doctors, nurses, allied health care, or social workers, affiliated with the hospitals or institutions and must be suffering from serious diseases or complex medical conditions or severe physical disabilities requiring the use of wheelchair.
- 由於服務設有限度名額，將根據轉介日期的次序來編排接載服務，最終安排決定以香港復康會作準。
Due to the limited number of service quotas, accessible transportation service will be arranged on first-come-first-serve basis, and the final decision is subject to the Hong Kong Society for Rehabilitation (HKSR).
- 服務只方便病童及其陪同家人使用香港復康會的易達轎車按區域接載服務，計劃只會資助行程中的基本車資。家長或監護人有責任繳付行程中的額外費用，例如：隧道費或停車場費用等。
The service is only available for sick children and their accompanying family members to use the zoned-based service of Accessible Hire Car (AHC), and the project will only subsidize the basic fare for the trips. Parents or guardians are responsible for paying additional expenses incurred during the trip, such as tunnel tolls or parking fees not included in the fare.
- 如需要取消已安排的服務，使用者、家長或監護人需於用車前一個工作天聯絡香港復康會易達轎車的客戶服務熱線(熱線號碼: 8106 6616) 提出取消，否則需支付\$210 的行政費用。
If user cancels the arranged service, the user, parent or guardian must contact the customer service hotline (hotline number: 8106 6616) of HKSR at least one working day before the service day. Otherwise, the administrative fee of \$210 is charged.
- 惡劣天氣安排，根據天文台宣佈為黑色暴雨或八號熱帶氣旋警告信號，易達轎車的接載服務有機會取消，並不會作個別通知。
In the event of bad weather, when the black rainstorm or tropical cyclone warning signal No. 8 announced by the Hong Kong Observatory is hoisted, the accessible transport service of AHC will be cancelled, and no further notice will be given.
- 香港復康會按《個人資料（私隱）條例》，確保儲存的個人資料準確、獲適當處理及充份保護並妥善儲存。所有資料只會在內部使用，不會轉交其他機構或公司。
HKSR ensures that personal data is stored accurately, processed appropriately, fully protected, and properly stored in accordance with the Personal Data (Privacy) Ordinance. All personal data will be used within HKSR only and will not be transferred to other agencies or companies.
- 所有申請香港復康會將會保留最終決定權，並會邀請參與資助計劃的使用者予以同意，進行服務紀錄（包括照片、錄影、訪問或其他），用以延續此資助服務的贊助及宣傳。
In case of dispute regarding the application, HKSR reserves the right of final decision. HKSR may invite users participating in this subsidy program to agree to conduct record service (including photos, videos, interviews or others) for the purpose of continuing the sponsorship and publicizing this program.

本人已閱讀、明白及同意以上有關資助計劃細則及香港復康會個人資料收集聲明，並確認上述使用者的身體狀態適合申請《易達童行資助計劃》。

I have read, understood and agreed to the above detailed conditions of the scheme and HKSR Personal Information Collection Statement, and confirm that the physical condition of the above-mentioned users is suitable for applying for the ecAccess4Children Program.

申請人：	申請人簽署：	日期：
Applicant:	Signature of Applicant:	Date: