



《醫院、護養院及留產院註冊條例》(第 165 章)
首次註冊／重新註冊申請表
HOSPITALS, NURSING HOMES AND MATERNITY HOMES
REGISTRATION ORDINANCE (CAP. 165)
APPLICATION FOR FIRST REGISTRATION／RE-REGISTRATION

填寫本表格前，請參閱本申請表第 4 及 5 頁的註冊指引，及私家醫院、護養院及留產院實務守則。

Please refer to the Registration Guide on page 4 and 5, and Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes before filling the form.

現謹根據《醫院、護養院及留產院註冊條例》(第 165 章)第 3(2)條的規定申請註冊。

Application is hereby made for Registration under Section 3(2) of the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165).

第一部分 醫院／護養院／留產院的詳情 -

Section I Particulars of Hospital／Nursing Home／Maternity Home.

- (a) 醫院／護養院／留產院英文名稱： -
Name of the Hospital／Nursing Home／Maternity Home in English

- (b) 醫院／護養院／留產院中文名稱： -
Name of the Hospital／Nursing Home／Maternity Home in Chinese

- (c) 醫院／護養院／留產院英文地址： -
Address of the Hospital／Nursing Home／Maternity Home in English

- (d) 醫院／護養院／留產院中文地址： -
Address of the Hospital／Nursing Home／Maternity Home in Chinese

- (e) 電話號碼： _____ 傳真號碼： _____
Telephone number Fax number

- (f) 用途類別：(請在適當的方格內加上「☑」號)
Type of use: (Please tick as appropriate)

☐ 醫院／護養院
Hospital／Nursing Home

☐ 留產院
Maternity Home

首次申請或更改院址者須填寫 (f) , (g) 及 (h) 項： -

Please complete (f), (g) and (h) if this is the first application or where there is a change in address of premises

- (g) 醫院／護養院／留產院的院址為：(請在適當的方格內加上「☑」號)
The premises of the Hospital／Nursing Home／Maternity Home is: (Please tick as appropriate)

- ☐ 自置土地及物業
a self-owned land and property
- ☐ 租用物業
a rented premises
- ☐ 向香港特別行政區政府租用的土地
leased land from HKSAR Government

- (h) 醫院／護養院／留產院開展／行將開展*服務／業務的日期：
Date／Tentative date* of commencement of service／business

_____ 日 _____ 月 _____ 年
Date Month Year

有關土地用作醫院／護養院／留產院是符合批地文件上註明的土地用途。
(請在適當的方格內加上「☑」號)

The use of land as the Hospital／Nursing Home／Maternity Home complies with the condition of land use as stipulated in the Land Grant. (Please tick as appropriate)

- ☐ 是 ☐ 否
Yes No

第二(甲)部分
Section II(A)

申請人如以個人名義提出申請，請填報下開資料(參閱註冊指引(c)項)。

Particulars to be completed if the applicant is an individual{see (c) in the Registration Guide}

- (a) 申請人的英文全名(須與香港身分證／護照所示姓名相同)： -
Full name of the applicant in English (must be the same as shown on HKIC／Passport)
先生／太太／小姐／女士／醫生*
Mr／Mrs／Miss／Ms／Dr* (先姓後名) Surname first, then other names
-
- (b) 申請人的中文全名(須與香港身分證／護照所示姓名相同)：
Full name of the applicant in Chinese characters (must be the same as shown on HKIC／Passport)
-
- (c) 香港身分證／護照* 號碼： 國籍(只供持護照者填寫)
HKIC／Passport* Number Nationality (for passport holder only)
-
- (d) 申請人住址：
Residential address
-
- (e) 通訊地址{如與以上(d)項不同}：
Correspondence address {if different from (d) above}
-
- (f) 電話號碼： (住宅)
Telephone (Residence)
number (辦公室)
(Office)
-
- (g) 申請人在醫院／護養院／留產院的職位：
Position held by the applicant in the Hospital／Nursing Home／Maternity Home

第二(乙)部分
Section II(B)

申請人如以公司／機構名義提出申請，請填報下開資料

Particulars to be completed if the applicant is an incorporated company/organization

- (a) 公司／機構英文名稱： -
Name of the Company／Organization in English
-
- (b) 公司／機構中文名稱： -
Name of the Company／Organization in Chinese
-
- (c) 商業登記編號： _____
Business Registration Number
- (d) 公司註冊證書編號： _____
Certificate of Incorporation Number
- (e) 公司／機構地址： _____
Address of the Company／Organization
-
- (f) 電話號碼： _____
Telephone Number
- (g) 公司／機構負責人姓名： _____ (英文) _____ (中文)
Name of authorized person of Company／Organization English Chinese
- 經授權的人士在公司／機構的職位： _____
Position of authorized person in the Company／Organization
- 香港身分證／護照* 號碼： _____
Hong Kong Identity Card／Passport* Number
- 住址： _____
Residential Address
- 電話號碼： _____ 傳真號碼： _____
Telephone Number Fax Number

第三部分
Section III

請填報下列醫院／護養院／留產院負責人的資料

The following persons will be appointed as in-charge persons of the Hospital/Nursing Home/Maternity Home

		負責人 Person-in-charge	Medical Practitioner/ Registered Nurse/ Registered Midwife * in charge 負責的醫生／註冊護士／註冊助產士*
(a)	英文全名 Full Name in English 先生／太太／小姐／女士／醫生 (Mr/Mrs/Miss/Ms/Dr)		
(b)	中文全名 Full Name in Chinese 先生／太太／小姐／女士／醫生 (Mr/Mrs/Miss/Ms/Dr)		
(c)	香港身分證／護照號碼 HKIC/Passport Number		
(d)	通訊地址 Correspondence Address		
(e)	電話號碼 Telephone number	- 住宅 (Residence)	
		- 公司 (Office)	
		- 手提電話 (Mobile)	
(f)	專業資格 Professional Qualification		
(g)	職位 Position Held		

第四部分 申請人聲明

Section IV Declaration of Applicant

本人謹此聲明：

I declare that

據本人所知，本表格內所填報的資料均屬真確無訛。

The information in this application form is true and correct to the best of my knowledge.

姓名

Name

簽署

Signature

申請人或經公司／機構授權的人士
Applicant or authorized person of the Company/Organization

公司／機構印鑑 (如適用)
Company/Organization chop (if applicable)

日期：_____

Date

* 刪去不適用者

* (Delete as appropriate)

註冊指引
Registration Guide

- (a) 私家醫院、護養院及留產院實務守則與註冊申請表可在以下網頁下載：
http://www.dh.gov.hk/tc_chi/main/main_orhi/main_orhi.html
The Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes and the Application Form for a Licence can be downloaded from:
http://www.dh.gov.hk/english/main/main_orhi/main_orhi.html
- (b) 申請人填妥第一部分、第二(甲)或二(乙)部分、第三部分及第四部分。
Applicant must complete Section I, II(A) or II(B), III and IV.
- (c) 個人指自然人。
Individual(s) means natural person(s).
- (d) 申請人須向衛生署署長提交申請表於下列地址：－
The applicant should submit the application form to Director of Health at the following address: -
香港灣仔
皇后大道東 183 號
合和中心 31 樓 3101 室
衛生署署長 -
(經辦人：醫護機構註冊辦事處)
(查詢電話：2961 8507 / 3107 8451)
Director of Health
(Attn.: Office for Registration of Healthcare Institutions)
Room 3101, 31/F., Hopewell Centre
183 Queen's Road East
Wan Chai
Hong Kong
(Enquiry Number : 2961 8507 / 3107 8451)
- (e) 申請人須將下述文件連同申請表一併提交－
The applicant should submit the following documents together with the application form -
- (1) 申請人的香港身分證影印本(適用於以個人名義提出的申請)
A photocopy of the Hong Kong Identity Card of the applicant (applicable to applications by individual)
 - (2) 商業登記申請書的副本或由稅務局局長發出的商業登記證的影印本(適用於醫院/護養院/留產院)
A photocopy of the Business Registration Application or a photocopy of the Business Registration Certificate from the Commissioner of Inland Revenue (applicable for Hospitals, Nursing Homes and Maternity Homes)
 - (3) 公司註冊處處長發出的公司註冊證書的影印本(適用於以公司名義提出的申請)
A photocopy of Certificate of Incorporation issued by the Registrar of Companies (applicable to applications by incorporated company)
 - (4) 醫院／護養院／留產院的草圖(適用於首次申請或更改院址者)
A sketch plan of the Hospital／Nursing Home／Maternity Home (applicable to the first application or when there is a change of address of the premises)
 - (5) 醫院／護養院／留產院的報告 -
A report of the Hospital／Nursing Home／Maternity Home
 - (6) 抬頭祈付「香港特別行政區政府」的劃線支票以繳付訂明費用。首次申請的訂明費用為港幣陸仟捌佰壹拾伍圓 (HK\$6,815)，非首次申請的訂明費用為港幣玖佰圓 (HK\$900)
A crossed cheque payable to "Government of HKSAR" for payment of the prescribed fee. The prescribed fee is Six Thousand Eight Hundred and Fifteen Hong Kong Dollars (HK\$6,815) for the first application and Nine Hundred Hong Kong Dollars (HK\$900) for applications other than the first application.
- (f) 如為同一院址的醫院及留產院申請註冊，必須就每種用途個別提交申請表，但只須繳付一份註冊費。
Separate application forms must be submitted for registration of Hospital and Maternity Home located in the same premises. Please note that fee for one registration is required.

- (g) 當有關醫院、護養院或留產院房舍、人手或設備方面已遵辦相關之醫院、護養院或留產院實務守則的時候，申請人必須於預期開業前最少三個月(適用於醫院註冊)或兩個月(適用於護養院或留產院註冊)遞交註冊申請表及所須文件(適用於首次申請或更改院址者)。

之後，申請人必須通知本署安排實地視察以便核對有關註冊守則是否經已遵辦。經證實申請人在最後一次視察時已遵辦所有有關註冊守則後，本署將會於十四個工作天內簽發註冊証書。

When the premises, staffing or equipment of the hospital, nursing home or maternity home, to which the application relates, are ready for operation, an application for registration together with necessary documents must be made not later than 3 months (for private hospital) or 2 months (for nursing home or maternity home) before the intended date for commencement of service (applicable to the first application or when there is a change of address of the premises).

After submission, applicant will be required to inform the Department to arrange for an on-site compliance inspection. Upon confirmation of compliance with the relevant requirements at the last site inspection, the Certificate of Registration will be issued by the Department within 14 working days.

收集個人資料聲明

Personal Information Collection Statement

收集資料的目的

Purpose of Collection

1. 當衛生署向申請人提供服務及進行其他有關活動時，申請人所提供的個人資料，會由衛生署作以下用途：
The personal data are provided by applicants with whom the Department of Health (DH) interacts in the delivery of services, and other related activities. The personal data provided will be used by DH for the following purposes:-
 - (a) 處理首次註冊為醫院、護養院及留產院的申請及首次註冊之後註冊
Processing the applications for first / subsequent registration of Hospitals, Nursing Homes and Maternity Homes;
 - (b) 紀錄
Recording;
 - (c) 統計
Preparing statistics;
 - (d) 於法律程序上作參考
Using as reference in legal proceedings.

根據《醫院、護養院及留產院條例(第 165 章)》，個人資料的提供是強制的。

The provision of personal data is obligatory under Hospitals, Nursing Homes and Maternity Homes Registration Ordinance, Cap. 165.

接受轉介人的類別

Classes of Transferees

2. 你所提供的個人資料，主要由本署內部使用，但亦可能於有需要時，因以上第 1 段所列目的向其他政府部門或有關人士披露。此外，資料只可於你同意作出該種披露或作出該種披露是《個人資料(私隱)條例》所允許的情況下，才向有關方面披露。
The personal data you provided are mainly for use within DH but they may also be disclosed to other Government bureaux/departments or relevant parties for the purposes mentioned in paragraph 1 above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

查閱個人資料

Access to Personal Data

3. 根據《個人資料(私隱)條例》第 18 條及 22 條以及附表 1 第 6 原則所述，你有權查閱及修正個人資料，包括有權取得你於以上第 1 段所述情況下所提供的個人資料。應查閱資料要求而提供資料時，可能要徵收費用。
You have the right of access and correction with respect to your personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data. A fee may be imposed for complying with a data access request.

查詢

Enquires

4. 有關所提供個人資料(包括查閱及修正資料)的查詢，應送交：
Enquiries concerning personal data provided, including the making of access and corrections, should be addressed to:

香港灣仔皇后大道東 183 號
合和中心 31 樓 3101 室
衛生署
醫護機構註冊辦事處
衛生署首席醫生(1)
電話號碼：2961 8894 / 3107 8488

Principal Medical Officer (1)
Office for Registration of Healthcare Institutions
Department of Health
Room 3101, 31/F., Hopewell Centre
183 Queen's Road East
Wan Chai, Hong Kong
Telephone Number : 2961 8894 / 3107 8488