

**DEPARTMENT OF HEALTH**  
**衛生署**  
**2004 Health Manpower Survey (Occupational Therapists)**  
**2004 年醫療衛生服務人力統計調查 (職業治療師)**

Please read the explanatory notes on page 4 before completing this questionnaire. Please tick (✓) as appropriate for answers with boxes. To keep your personal data in strict confidence, please put the completed questionnaire in the 'RESTRICTED' envelope provided and have it properly sealed before return.

填寫問卷前，請參閱第四頁的註釋。如答案旁邊設有方格，請在適當的方格內加上「✓」號。為確保你的個人資料得以保密，請於遞交前把填妥的問卷放入所提供的「限閱文件」信封內，並妥為密封。

**A. PERSONAL DATA 個人資料**

1. Sex 性別	<input type="checkbox"/> Male 男	<input type="checkbox"/> Female 女
2. Date of birth 出生日期	Year 年 <input type="text"/> <input type="text"/> <input type="text"/>	Month 月 <input type="text"/> <input type="text"/>
3. Which of the following best describes your work status <b>as at 31.3.2004</b> ? <i>"Practising in occupational therapy profession" includes the practice of occupational therapy profession, or work that is principally related to the discipline of occupational therapy. This includes research, administration and teaching in the field of occupational therapy.</i> 下列哪項最符合你於 2004 年 3 月 31 日的就業情況？ 「從事職業治療專業」包括從事職業治療專業，或從事主要關乎職業治療專科的工作。所涉及的範疇包括職業治療領域的研究、行政及教學工作。		
<input type="checkbox"/>	Practising in occupational therapy profession 從事職業治療專業	<i>(Go to Question 4)</i> <i>(請答第 4 題)</i>
<input type="checkbox"/>	Not practising in occupational therapy profession 並非從事職業治療專業	<i>(Go to Question 12)</i> <i>(請答第 12 題)</i>
4. Where is/are your practice location(s)? 你在哪個地區執業？		
<input type="checkbox"/>	HK 香港	<input type="checkbox"/>
<input type="checkbox"/>	Kln 九龍	<input type="checkbox"/>
<input type="checkbox"/>	N.T. 新界	<input type="checkbox"/>
<input type="checkbox"/>	Others (Please specify) 其他 (請說明) _____	

**B. PRESENT EMPLOYMENT as at 31.3.2004 現時的受僱工作 (2004 年 3 月 31 日的情況)**

- 5.(a) Please indicate the type(s) of institution in which you worked in the occupational therapy profession **as at 31.3.2004** (Note 1). *(Please tick (✓) one box in each column only.)*  
 請註明你於 2004 年 3 月 31 日在哪類型機構從事職業治療專業工作(註一)。  
 (請在每欄只選一個方格加上✓號)

Type of Institution 機構類別	Main Job (Note 1) 主要職位 (註一)	2nd Job (Note 1) 次要職位 (註一)
Government 政府		
Hospital Authority 醫院管理局		
Academic institution 學術機構		
Subvented organization 資助機構 <i>(Please specify 請說明) _____</i>		
Private institution 私營機構	Elderly home (Note 2) 安老院 (註二)	
	Miscellaneous health services centre 雜項健康服務中心	
	Nursing home (Note 3) 護養院 (註三)	
	Private hospital (Note 4) 私家醫院 (註四)	
	Rehabilitation institute (Note 5) 復康機構 (註五)	
Other private institution 其他私營機構 <i>(Please specify 請說明) _____</i>		

**B. PRESENT EMPLOYMENT as at 31.3.2004 現時的受僱工作 (2004年3月31日的情況)**

5.(b) What was your employment status in the occupational therapy profession **as at 31.3.2004**?  
(Please tick(✓) one box in each column only.)

你於2004年3月31日在職業治療專業內是屬何僱傭類別? (請在每欄只選一個方格加上✓號)

Employment Status 僱傭類別	Main Job (Note 1) 主要職位 (註一)	2nd Job (Note 1) 次要職位 (註一)
Employee 僱員		
Self-employed / Employer 自僱人士/僱主		

5.(c) Please indicate the proportion of time you spent in your present position.  
請把現任職位中用於各工作範疇的工作時間分布比例填於下表內。

Area of Work 工作範疇	Percentage of time spent 佔工作時間的百分率	Percentage of time spent 佔工作時間的百分率
Rehabilitation 復康治療	%	%
Administration / Management 行政/管理	%	%
Teaching / Education 教學/教育	%	%
Research 研究	%	%
Others 其他: (Please specify 請說明) _____	%	%
<b>Total 總數</b>	<b>100%</b>	<b>100%</b>

5.(d) How many hours did you work **per week** in your present position?  
你於現任職位每週工作共多少個小時?

(i) Hours of work <b>per week</b> (excluding meal breaks) 每週工作時數(不計用膳時間)	Hours 小時	Hours 小時
(ii) Hours of on-call duty <b>per week</b> (excluding normal duty) 每週隨時候召工作時數(不計日常職務時間)	Hours 小時	Hours 小時

**C. PROFESSIONAL MEDICAL AND HEALTH QUALIFICATIONS HELD 所持專業醫療衛生資格**

6.(a) Please indicate your **basic qualification** in occupational therapy profession (Note 6).  
請註明你的職業治療專業**基本資格**(註六)。

- Certificate 證書
  Diploma 文憑
  Professional Diploma 專業文憑  
 Bachelor's Degree 學士學位
  Post-graduate Diploma 深造文憑
  Master's Degree 碩士學位  
 Others 其他(Please specify 請說明) \_\_\_\_\_

6.(b) Where is the issuing country/territory of your **basic qualification** in occupational therapy profession (Note 6)?  
你的職業治療專業**基本資格**是由哪個國家/地區頒授(註六)?

- Hong Kong 香港
  Overseas 海外 \_\_\_\_\_  
 (Please specify the country/territory 請註明國家/地區)

7.(a) Have you received or are you receiving **additional training** relevant to the occupational therapy profession (Note 7)?  
你是否曾經或正在接受有關職業治療專業的**額外訓練**(註七)?

- Yes (Go to Question 7b) (請答第7b題)  
是
  No (Go to Question 8) (請答第8題)  
否

7.(b) Please indicate the **highest level** of additional training relevant to the occupational therapy profession you have received (Note 7).  
請註明你所完成有關職業治療專業的**最高程度**的額外訓練(註七)。

- Certificate 證書
  Diploma 文憑
  Associate Diploma 專科文憑  
 Bachelor's Degree 學士學位
  Post-graduate Diploma 深造文憑
  Master's Degree 碩士學位  
 Doctor's Degree 博士學位
  Others 其他 (Please specify 請說明) \_\_\_\_\_  
 Not applicable, as the additional training has not yet been completed. 不適用, 因為額外訓練尚未完成。

- 7.(c) Please indicate below the field(s) in which you have received or are receiving additional training relevant to the occupational therapy profession. If you have received or are receiving **additional training** in more than one field, please indicate the field in which you spend **most of your working time in your main job** (Note 1 & 7). (Please tick (✓) one only.)

請在下方註明你曾經或正在接受有關職業治療專業的額外訓練的範疇。如你曾經或正在接受多於一項專業範疇的額外訓練，請註明你在主要職位中佔用最多工作時間的範疇(註一及註七)。  
(請只選一個方格加上✓號)

- |  |   |
|--|---|
| <input type="checkbox"/> Health Care (Occupational Therapy / Rehabilitation Technology)<br>健康護理(職業治療 / 康復技術) | <input type="checkbox"/> Health Care Management / Health Services Management<br>健康護理管理 / 衛生服務管理 |
| <input type="checkbox"/> Rehabilitation Sciences / Studies<br>康復科學 / 研究                                      | <input type="checkbox"/> Others 其他<br>(Please specify 請說明) _____                                |

8. Are you currently holding valid practising certificate(s) of statutorily registered healthcare professionals in Hong Kong other than Occupational Therapist? (You may tick(✓) more than one box.)

除職業治療師外，你現在有沒有持有其他香港法定註冊醫護專業人員的有效執業證明書？  
(你可在多於一個方格內加上✓號)

- |            |   |   |   |   |
|------------|---|---|---|---|
| Yes →<br>有 | <input type="checkbox"/> Chiropractor<br>脊醫   | <input type="checkbox"/> Medical Laboratory Technologist<br>醫務化驗師 | <input type="checkbox"/> Midwife<br>助產士           | <input type="checkbox"/> Nurse<br>護士          |
|            | <input type="checkbox"/> Optometrist<br>視光師   | <input type="checkbox"/> Pharmacist<br>藥劑師                        | <input type="checkbox"/> Physiotherapist<br>物理治療師 | <input type="checkbox"/> Radiographer<br>放射技師 |
|            | <input type="checkbox"/> Others 其他<br>(Please specify 請說明) _____  |   |   |   |
| No →<br>沒有 | <input type="checkbox"/> Not holding valid practising certificate other than Occupational Therapist<br>沒有持有其他有效的執業證明書 |   |   |   |

9. How many hours of Continuing Professional Development (CPD) training relevant to the occupational therapy profession did you receive **in the past 12 months**?

你在過去 12 個月曾接受多少個小時有關職業治療專業的持續專業發展的培訓？

- |   |   |   |  |  |
|---|---|---|--|--|
| <input type="checkbox"/> < 10 hours<br>少於 10 小時 | <input type="checkbox"/> 10 to 19 hours<br>10 至 19 小時 | <input type="checkbox"/> 20 to 29 hours<br>20 至 29 小時 | <input type="checkbox"/> ≥ 30 hours<br>等於或多於 30 小時 | <input type="checkbox"/> Not applicable<br>不適用 |
|---|---|---|--|--|

10. Name of contact person (Note 8)

聯絡人姓名 (註八) \_\_\_\_\_

11. Contact telephone number(s)

聯絡電話號碼 \_\_\_\_\_

~Thank you and no further questions~  
~問卷完，多謝合作~

**D. THOSE NOT PRACTISING IN THE OCCUPATIONAL THERAPY PROFESSION**  
**並非從事職業治療專業的人士**

12. Please indicate the reason for **not practising** in the occupational therapy profession.

(Please tick (✓) one box as appropriate.)

請說明你沒有從事職業治療專業的原因。(請只選一個方格加上✓號)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Retirement<br>退休 | <input type="checkbox"/> Undertaking study<br>進修 | <input type="checkbox"/> Working in other profession<br>從事其他行業   |
| <input type="checkbox"/> Emigration<br>移民 | <input type="checkbox"/> Unemployed<br>失業        | <input type="checkbox"/> Others 其他<br>(Please specify 請說明) _____ |

13. Did you seek work in occupational therapy profession during the **past 30 days**?

你在過去 30 天內有沒有尋找職業治療專業的工作？

- |            |  |   |   |
|------------|--|---|---|
| Yes →<br>有 | <input type="checkbox"/> Either full or part-time<br>全職或兼職 | <input type="checkbox"/> Full time only<br>只有全職 | <input type="checkbox"/> Part-time only<br>只有兼職 |
| No →<br>沒有 | <input type="checkbox"/>                                   |   |   |

14. If someone offered you a job in occupational therapy profession, were you available for work in the **past 7 days**?

如有人聘用你擔任職業治療專業工作，你能否在過去 7 天內上任？

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Yes<br>能夠 | <input type="checkbox"/> No<br>不能夠 |
|------------------------------------|------------------------------------|

~End of Questionnaire. Thank you for your participation~  
~問卷完，多謝填寫問卷~

### Explanatory Notes

1. Main job  
Refers to the job in which you spend most of your working time, while second job may be a part-time job.
2. Elderly home  
Refers to private homes for the elderly, private hostels / homes, care and attention homes for the elderly and non-profit-making self-financing homes registered under Residential Care Home (elderly persons) Ordinance (Chapter 459).
3. Nursing home  
Refers to private institutions licensed under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Chapter 165).
4. Private hospital  
Refers to Private institutions licensed under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Chapter 165).
5. Rehabilitation institute  
Refers to private day activity centres, private day activity centres cum hostels, private activity centres for discharged mental patients, private care and attention homes for severely disabled, private hostels for severely physically handicapped and private half-way houses.
6. Basic qualification in occupational therapy profession  
Refers to the minimum entry qualifications to the occupational therapy profession.
7. Additional training  
Relevant medical and health training obtained from recognized institutions in addition to the basic qualification. In-house training or short courses issued only with certificate of attendance/achievement should not be considered as additional training.
8. Contact information  
Please provide your contact information for follow-up when necessary.

### 註釋

- 一 主要職位  
指佔大部分工作時間的職位，而次要職位可以是兼職職位。
- 二 安老院  
指根據《安老院條例》(第 459 章)註冊的私營安老院、私營長者宿舍/院舍、護理安老院及非牟利和自負盈虧的院舍。
- 三 護養院  
指根據《醫院、護養院及留產院註冊條例》(第 165 章)領有牌照的私營機構。
- 四 私家醫院  
指根據《醫院、護養院及留產院註冊條例》(第 165 章)領有牌照的私營機構。
- 五 復康機構  
指私營展能中心、私營展能中心暨院舍、私營精神病康復者展能中心、私營嚴重殘疾人士護理宿舍、私營肢體傷殘人士宿舍及私營中途宿舍。
- 六 職業治療專業的基本資格  
指職業治療專業的最低入職資格。
- 七 額外訓練  
指除基本資格外，從認可機構獲得的有關醫療衛生的訓練。只頒發聽講/訓練證書的內部培訓或短期課程不應視為額外訓練。
- 八 聯絡資料  
請提供聯絡資料，以便有需要時跟進。

### Statement of Purposes

#### Purpose of Collection

1. The personal data provided will be collected and used by the Department of Health to compile aggregate statistics related to health manpower in Hong Kong and such data will only be used for the purpose of the Survey. The confidentiality of the information you provide will be carefully protected. The provision of personal data is voluntary. If you do not provide sufficient and accurate information, the survey results will be less representative, thus affecting its usefulness as the basis for statistical purposes.

#### Classes of Transferees

2. The personal data provided by means of this Survey are mainly for use as stated above. Only aggregate information and not details of individual personnel will be released to other government bureaux / departments, agencies or authorities for the purposes mentioned in paragraph 1 above, if required. Apart from this, your personal information provided by means of this Survey will 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.

#### Access to Personal Data

3. You have a right of access and correction with respect to 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 provided in the questionnaire of this Survey. A fee may be imposed for complying with a data access request.

For enquiries about this Survey or questionnaire, please contact the Statistics Unit of the Department of Health at 2961 8567.

### 目的聲明

#### 收集資料的目的

1. 你所提供的個人資料將由衛生署收集，用來製備香港醫療人手的總體統計數字，有關資料只會作統計調查之用。我們將會小心處理你所提供的資料，加以保密。至於是否提供個人資料，則屬自願性質。如你未能提供足夠準確的資料，所得調查結果的代表性將會較低，繼而影響其作為統計基礎的效用。

#### 獲給資料者的類別

2. 你在這次調查中所提供的個人資料，主要用作以上所述用途。如有需要，我們亦只會把總體資料而非個人詳細資料發放給其他政府決策局/部門、機構或當局，以作上文第 1 段所載用途。此外，你在這次調查中所提供的個人資料，只會披露給你曾答允向其披露資料的相關各方，或用作《個人資料(私隱)條例》所核准的資料披露。

#### 查閱個人資料

3. 你有權按照《個人資料(私隱)條例》第 18 和 22 條及附表 1 第 6 原則所訂條文來查閱和修正個人資料。你的查閱權力包括索取你在這次調查的問卷中所提供個人資料的副本。索取資料或須繳費。

如對這次統計調查或問卷有任何查詢，請致電 2961 8567 與衛生署統計組職員聯絡。