



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

填寫本表格前，請參閱本申請表附件 1「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 in Annex I and the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes before filling in 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。如為同一處所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。

Application is hereby made for registration under Section 3(2) of the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165). If you wish to apply registration for a hospital and a maternity home located in the same premises, separate application forms must be submitted but only one registration fee is required.

第一部分(甲) 申請人如以公司 / 機構名義提出申請，請填報下開資料
Section I (A) Particulars to be completed if the applicant is an incorporated company / organisation

- (a) 申請人所屬機構類別：(請在適當的方格內加上「☒」號，並根據附件 3 提供指定文件)
Type of Organisation (Please tick as appropriate and provide required item(s) as set out in Annex 3)

(i) 法定團體 Statutory Body	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
(ii) 有限公司 Incorporated Company	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
(iii) 慈善機構 Charitable Organisation	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>

- (b) 公司 / 機構英文名稱：
Name of the Company / Organisation in English

- (c) 公司 / 機構中文名稱：
Name of the Company / Organisation in Chinese

- (d) 商業登記編號(如有)：
Business Registration Number (if any)

- (e) 公司註冊證書編號(如有)：
Certificate of Incorporation Number (if any)

- (f) 公司 / 機構英文地址：
Address of the Company / Organisation in English

- (g) 公司 / 機構中文地址：
Address of the Company / Organisation in Chinese

- (h) 公司 / 機構電話號碼：
Telephone Number of the Company / Organisation

- (i) 公司 / 機構傳真號碼：
Fax Number of the Company / Organisation

- (j) 公司 / 機構電郵：
Email address of the Company / Organisation

* 刪去不適用者
* (Delete as appropriate)

- (k) 獲公司 / 機構授權人士的英文全名: Mr / Mr / Miss / Ms / Dr*
 Name of authorized person of Company / Organisation in English (先姓後名) Surname first, then other names
- 獲公司 / 機構授權人士的中文全名: 先生 / 太太 / 小姐 / 女士 / 醫生*
 Name of authorized person of Company / Organisation in Chinese
- 獲授權人士在公司 / 機構的職位: _____
 Position of authorized person in the Company / Organisation
- 獲授權人士電話號碼: _____ 獲授權人士傳真號碼: _____
 Telephone Number of authorized person Fax Number of authorized person
- 獲授權人士電郵: _____
 Email address of authorized person

第一部分(乙) 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}。
Section I (B) 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)
Mr / Mr / 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 (must be the same as shown on HKIC / Passport)
先生 / 太太 / 小姐 / 女士 / 醫生*
- (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) 申請人英文住址:
 Residential address in English

- (e) 申請人中文住址:
 Residential address in Chinese

- (f) 英文通訊地址{如與以上(d)項不同}:
 Correspondence address in English {if different from (d) above}

- (g) 中文通訊地址{如與以上(e)項不同}:
 Correspondence address in Chinese {if different from (e) above}

- (h) 電話號碼: _____ (住宅)
 Telephone number (Residence)
 _____ (辦公室)
 (Office)
- (i) 傳真號碼: _____
 Fax number
- (j) 電郵: _____
 Email
- (k) 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

* 刪去不適用者
 * (Delete as appropriate)

第二部分 醫院/護養院 / 留產院的詳情

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

- (a) 用途類別：(請在適當的方格內加上「☒」號)

Type of use: (Please tick as appropriate)

☐ 醫院 Hospital

☐ 護養院 Nursing Home

☐ 留產院 Maternity Home

- (b) 醫院 / 護養院 / 留產院英文名稱：

Name of the Hospital / Nursing Home / Maternity Home in English

- (c) 醫院 / 護養院 / 留產院中文名稱：

Name of the Hospital / Nursing Home / Maternity Home in Chinese

- (d) 醫院 / 護養院 / 留產院英文地址：

Address of the Hospital / Nursing Home / Maternity Home in English

- (e) 醫院 / 護養院 / 留產院中文地址：

Address of the Hospital / Nursing Home / Maternity Home in Chinese

- (f) 醫院 / 護養院 / 留產院電話：

Telephone of the Hospital / Nursing Home / Maternity Home

- (g) 醫院 / 護養院 / 留產院傳真號碼：

Fax number of the Hospital / Nursing Home / Maternity Home

- (h) 醫院 / 護養院 / 留產院電郵：

Email address of the Hospital / Nursing Home / Maternity Home

- (i) 分行 / 衛星診所的資料(如有)：

Particulars of Branch Office / Satellite Clinic (if any)

分行中文地址：

Chinese Address

分行英文地址：

English Address

電話號碼：

Telephone number

傳真號碼：

Fax number

分行中文地址：

Chinese Address

分行英文地址：

English Address

電話號碼：

Telephone number

傳真號碼：

Fax number

分行中文地址：

Chinese Address

分行英文地址：

English Address

電話號碼：

Telephone number

傳真號碼：

Fax number

分行中文地址：

Chinese Address

分行英文地址：

English Address

電話號碼：

Telephone number

傳真號碼：

Fax number

分行 / 衛星診所的資料(如有)：

Particulars of Branch Office / Satellite Clinic (if any)

分行中文地址：

Chinese Address

分行英文地址：

English Address

電話號碼：

Telephone number

傳真號碼：

Fax number

分行中文地址：

Chinese Address

分行英文地址：

English Address

電話號碼：

Telephone number

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Chinese Address

分行英文地址：

English Address

電話號碼：

Telephone number

傳真號碼：

Fax number

* 刪去不適用者

* (Delete as appropriate)

- (j) 醫院 / 護養院 / 留產院於第二部份(e)的處所為：(請在適當的方格內加上「☑」號)

The premises of the Hospital / Nursing Home / Maternity Home under Section II(d) is (Please tick as appropriate)

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

- (k) 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

- (l) 把位於第二部份(e)地址的土地用作醫院 / 護養院 / 留產院是符合土地租契註明的土地用途：

(請在適當的方格內加上「☑」號)

The use of land with address stated under Section II(d) as the Hospital / Nursing Home / Maternity Home complies with the condition of land use as stipulated in the land lease (Please tick as appropriate)

- ☐ 是 ☐ 否
Yes No

第三部分 申請人聲明 Section III 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。本人 / 吾等亦已閱讀及同意於附件 2 內之「個人資料私隱聲明」。

The information in this application form is true and correct to the best of my knowledge. I / we have read and agreed with the "Personal Data Privacy Statement" in Annex 2.

姓名：

Name

職位：

Position

簽署：

Signature

申請人或獲公司 / 機構授權的人士
Applicant or authorized person of the Company / Organisation

申請人印鑑 (如申請人屬公司/機構)
Company Chop if the Applicant is a company / organisation

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_orphf/main_orphf.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_orphf/main_orphf.html
- (b) 申請人填妥第一部分(甲)或(乙)部分、第二部分及第三部分。
Applicant must complete Section I(A) or I(B), II and III.
- (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: -
香港太古城太古灣道 14 號
4 樓 402 室
衛生署署長 (經辦人：私營醫療機構規管辦事處)
(查詢電話：3107 8451)

Director of Health (Attn.: Office for Regulation of Private Healthcare Facilities)
Room 402, 4/F
14 Taikoo Wan Road
Taikoo Shing, Hong Kong
(Enquiry Telephone Number : 3107 8451)
- (e) 申請人須將申請表連同附件 3「提交文件清單」提及的項目一併提交衛生署。
The applicant should submit the application form to the Department of Health with items as specified in the “Checklist of Documents to be Submitted” in Annex 3.
- (f) 如醫院及留產院位於同一處所，申請註冊時必須提交個別申請表，但只須繳付一份註冊費。
If the hospital and maternity home are located in the same premises, separate application forms must be submitted but only one registration fee 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。

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。經完成視察及收集全數所需資料以證實申請人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證書。

When the premises, staffing or equipment of the hospital, nursing home or maternity home, to which the application relates, are ready for operation in accordance with requirements under respective Code of Practice, 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.

After submission, applicant will be required to inform the Department to arrange for an on-site compliance inspection. Upon completion of inspection(s) and receipt of all information required to show compliance with the registration requirements, 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
Processing the applications for first 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.

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，但亦可能於有所需要時，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:

香港太古城太古灣道 14 號
4 樓 402 室
衛生署
私營醫療機構規管辦事處
高級行政主任(私營醫療機構)
(電話查詢：3107 8451)
Senior Executive Officer (PHF)
Office for Regulation of Private Healthcare Facilities
Department of Health
Room 402, 4/F
14 Taikoo Wan Road
Taikoo Shing, Hong Kong
(Enquiry Telephone Number : 3107 8451)

提交文件清單 Checklist of Documents

請在適當的方格內加上「☑」號並提供指定的項目
Please tick as appropriate and provide the required items

適用於所有申請人 Applicable to all Applicants:	
已填妥、簽署及蓋章的申請表 Completed application form which has been signed and stamped	<input type="checkbox"/> 已提交 Submitted <input type="checkbox"/> 未提交 Not received
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* A crossed cheque payable to "Government of HKSAR" for payment of the prescribed fee*	<input type="checkbox"/> 已提交 Submitted <input type="checkbox"/> 未提交 Not received
由稅務局局長發出有關醫院/護養院/留產院的商業登記證申請或商業登記證的副本 Copy of the Business Registration Application or Business Registration Certificate from the Commissioner of Inland Revenue in relation to the Hospital / Nursing Home / Maternity Home.	<input type="checkbox"/> 已提交 Submitted <input type="checkbox"/> 未提交 Not received
醫院/護養院/留產院的草圖 Sketch plan of the Hospital/Nursing Home/Maternity Home	<input type="checkbox"/> 已提交 Submitted <input type="checkbox"/> 未提交 Not received
適用於公司/機構申請人 If the Applicant is a company / organisation:	
法定團體成立時所依據的法例副本 (如有) Copy of the ordinance(s) under which the statutory body was established (if any)	<input type="checkbox"/> 已提交 Submitted <input type="checkbox"/> 未提交 Not submitted <input type="checkbox"/> 不適用 N/A
由公司註冊處發出之公司註冊證明書副本 (如有) Copy of Certificate of Incorporation of the Applicant issued by the Companies Registry (if any)	<input type="checkbox"/> 已提交 Submitted <input type="checkbox"/> 未提交 Not submitted <input type="checkbox"/> 不適用 N/A
根據稅務局《稅務條例》第 88 條獲豁免繳稅的屬公共性質的慈善機構或信託團體的有效證明文件副本 (如有) Copy of valid document to proof any charitable institution or trust of a public character, which is exempted from tax under section 88 of the Inland Revenue Ordinance (if any)	<input type="checkbox"/> 已提交 Submitted <input type="checkbox"/> 未提交 Not submitted <input type="checkbox"/> 不適用 N/A
由稅務局發出之有效商業登記證副本 (如有) Copy of valid Business Registration Certificate of the Applicant issued by the Inland Revenue Department (if any)	<input type="checkbox"/> 已提交 Submitted <input type="checkbox"/> 未提交 Not submitted <input type="checkbox"/> 不適用 N/A
適用於個人名義申請 If the Applicant is an individual :	
香港身份證或護照副本 Photocopy of HKID card or passport	<input type="checkbox"/> 已提交 Submitted <input type="checkbox"/> 未提交 Not received <input type="checkbox"/> 不適用 N/A

* 首次申請的訂明費用為港幣陸仟捌佰壹拾伍圓 (HK\$6,815)

The prescribed fee is Six Thousand Eight Hundred and Fifteen Hong Kong Dollars (HK\$6,815) for the first application