

1. 申請表格可於葵青民政事務處諮詢服務中心索取，亦可於 [www.kwaitsingsps.org.hk/application/form](http://www.kwaitsingsps.org.hk/application/form) 下載。申請人亦可自行影印表格填寫。  
Application form can be obtained at Kwai Tsing District Office - Public Enquiry Service Centre or download at [www.kwaitsingsps.org.hk/application/form](http://www.kwaitsingsps.org.hk/application/form). Applicants can also make photocopy of the form for completion.
2. 乙部須由申請人親自簽署，如申請人不會讀寫，則只需在一名成年人見證下印上指模。如申請人是精神上無行為能力人士，可由監護人簽署乙部。見證人或監護人須在乙部寫上姓名、香港身份證號碼及簽署。  
Section B must be signed by the applicant personally. If the applicant is illiterate, a finger print on the signature section may be put by the applicant in the presence of an adult witness. For applicants who are mentally incapacitated, Section B may be signed by their guardian. Witness or guardian must put his name, Hong Kong Identity Card number and sign in Section B.
3. 於遞交服務申請表格當日，申請人必須於葵青區居住。葵青區包括葵興、青衣、石蔭、大窩口及荔景等地區。地區界線圖請瀏覽：[www.elections.gov.hk/dc2015/maps/dc2015s.pdf](http://www.elections.gov.hk/dc2015/maps/dc2015s.pdf)  
To be eligible for the Service, applicants must reside in Kwai Tsing on the day of application. Kwai Tsing District includes Kwai Hing, Tsing Yi, Shek Yam, Tai Wo Hau & Lai King. For Electoral Boundary Map, please browse: [www.elections.gov.hk/dc2015/maps/dc2015s.pdf](http://www.elections.gov.hk/dc2015/maps/dc2015s.pdf)
4. 遞交申請 **Submission of Application**
  - i. 申請人必須年滿60歲(牙科護理服務適用)或50歲(視光/眼睛檢查服務適用)，以遞交服務申請表格當日的年齡為準。  
Applicants must be aged 60 or above (for dental care service) or 50 or above (for optometric/ocular examination service). An applicant's age is determined by the time at which the application is submitted.
  - ii. 以下任何一項資助的現有受惠人 不符合 本服務的申請資格：  
Current beneficiary of the following subsidies is NOT eligible for the Service:
    - (1) 綜合社會保障援助 Comprehensive Social Security Assistance Scheme;
    - (2) 《公務員事務規例》所列明的公務員醫療及牙科福利；或  
Civil Service Medical and Dental Benefits as set out in Civil Service Regulations; or
    - (3) 關愛基金長者牙科服務資助 [只適用於牙科護理服務申請]。  
Community Care Fund Elderly Dental Assistance Programme [for dental care service application only].
  - iii. 申請人須把填妥之表格（連同居住地址證明副本）以下列方式遞交：  
Applicants should complete and submit the form, together with a copy of residential address proof:
    - (1) 郵寄（信封面須註明：「葵青社區重點項目」申請表格）到：  
by post to (Please mark on the envelope "Application for Kwai Tsing Signature Project Scheme"):  
◆ 新界葵涌興芳路166-174號葵興政府合署10樓葵青民政事務處  
Kwai Tsing District Office, 10/F, Kwai Hing Government Offices Building, 166-174 Hing Fong Road, Kwai Chung, New Territories.
    - (2) 或 投進位於以下地點的收集箱 or into the drop-in boxes located at:  
◆ 新界葵涌興芳路166-174號葵興政府合署2樓葵青民政諮詢中心  
Kwai Tsing Home Affairs Enquiry Centre, 2/F, Kwai Hing Government Offices Building, 166-174 Hing Fong Road, Kwai Chung, New Territories.

- ◆ 新界青衣担杆山路6號長發邨社區中心1樓葵青民政事務處青衣分處  
Tsing Yi Sub-office, Kwai Tsing District Office, 1/F, Cheung Fat Estate Community Centre, Cheung Fat Estate, 6 Tam Kon Shan Road, Tsing Yi, New Territories.
- ◆ 新界荃灣仁濟街7-11號仁濟醫院C座10樓董事局辦事處發展部  
Development Department, Board Office, 10/F, Block C, Yan Chai Hospital, 7-11 Yan Chai Street, Tsuen Wan, New Territories.
- ◆ 新界葵涌梨木道79號亞洲貿易中心21樓16室葵青安全社區及健康城市協會  
Kwai Tsing Safe Community and Healthy City Association, Unit 16, 21/F, Asia Trade Centre, 79 Lei Muk Road, Kwai Chung, New Territories.

iv. 非公屋居民如未能出示居住地址證明，可透過宣誓證明所屬居住地址。

For applicants not residing in public housing who are unable to present their proof of residential address, they may make a declaration at Home Affairs Department with regard to their residential address.

v. 申請人只可就每項服務遞交一份申請表格。如有填報資料不齊者，申請恕不受理。

Each person is allowed to submit one application form for each service only. Applications with incomplete information will **NOT BE PROCESSED**.

vi. 如申請人欲收取〈認收通知書〉，必須於遞交表格時連同一個貼上港幣1.70郵票並寫上回郵地址的信封。葵青民政事務處（『民政處』）將於有關申請收妥後的15個工作天內以郵寄方式寄出〈認收通知書〉，以通知申請人有關申請表格及所需文件已經收妥。

Applicants requiring “Acknowledgement of Receipt” should return the application form, together with one self-addressed stamped (HK\$1.70) envelope. Kwai Tsing District Office (“the District Office” will issue an “Acknowledgement of Receipt” by post within 15 working days upon receipt of the application, notifying the applicant that the form and the required document have been received.

vii.

服務類別 Category of Service	截止日期* Application Deadline	服務期 Service Period (由from – 至to)	抽籤結果公佈日期 Ballot Result Announcement Date
牙科護理服務 Dental Care Service	2017/6/30	2017年9月至2018年2月 Sep 2017 to Feb 2018	2017/7/25
	2017/12/31	2018年3至8月 Mar to Aug 2018	2018/1/25
	2018/6/30	2018年9月至2019年2月 Sep 2018 to Feb 2019	2018/7/25
視光/眼睛檢查服務 Optometric/Ocular Examination Service	2017/4/30	2017年7至12月 Jul to Dec 2017	2017/5/25
	2017/10/31	2018年1至7月 Jan to Jul 2018	2018/11/27
* 郵遞申請以郵戳日期為準 postmarked date on the envelope will be regarded as the date of application			

## 5. 抽籤及結果公佈 Ballot and Announcement of Result

- i. 民政處職員將於每個申請階段的抽籤截止日期後，以電腦隨機抽樣的方式，就每個服務期的牙科護理及視光/眼睛檢查服務抽出中籤者及其中籤次序。牙科護理及視光/眼睛檢查服務的中籤者人數分別為1 000及1 500。

The balloting will be performed by the staff of the District Office after each application deadline. Two separate lists of selected applicants with respective priority numbers, for Dental Care Service and Optometric/ Ocular Examination Service respectively, will be drawn up randomly through a computer system for each Service Period. The number of selected applicants for Dental Care Service and Optometric/ Ocular Examination Service are 1 000 and 1 500 respectively.

- ii. 抽籤結果將於上述的公佈日期，張貼於民政處及區內9個社區中心/社區會堂的報告板以及網頁上([www.kwaitsingsps.org.hk](http://www.kwaitsingsps.org.hk))，供申請人查閱。

Ballot results will be announced on the above Announcement Date via the boards at the District Office and nine Community Centres/ Community Halls, as well as on the official website ([www.kwaitsingsps.org.hk](http://www.kwaitsingsps.org.hk)).

- iii. 未被選中的申請人將自動撥入下一輪抽籤，申請人無須重新遞交申請表格。

Applicants not selected will be automatically brought forward to the subsequent application phase without the need to submit fresh applications.

## 6. 預約服務及應診安排 Appointment Booking and Attendance Rules

- i. 所有服務必須預約。Prior appointment is required for all services.

- ii. 中籤者將於抽籤結果公佈後3個月內收到電話通知。

The appointment booking for the selected applicants will be arranged through telephone within 3 months after the announcement of ballot result.

- iii. 中籤者須於應診前出示香港身分證及簽署《服務聲明及同意書》。

The selected applicant must produce his/her Hong Kong Identity Card and sign a consent form before attending the appointment.

- iv. 如中籤者未能出示所需帶備的文件，或遲到或缺席，該診症服務或會被取消。

Any failure to produce the required supporting documents, to turn up on time or to attend the appointment may result in cancellation of appointment.

- v. 視光/眼睛檢查服務是由社區結合保健中心內香港理工大學眼科視光學院的實習眼科視光師（視光學院學生）在其臨床導師（註冊眼科視光師）的督導下提供服務。

Optometric/Ocular Examination Service is provided by student optometrists of School of Optometry, The Hong Kong Polytechnic University, and under the supervision of their clinical instructors (registered optometrists).

- vi. 服務費用必須在診症當日即時以現金繳付。

Users must settle the service fee by cash on the day of appointment.

- vii. 如因惡劣天氣（紅色及黑色暴雨警告信號或3號或以上熱帶氣旋警告信號生效時）或其他特殊情況（如：器材或場地須進行緊急維修等）而需取消診症，職員將盡快通知受影響的市民有關改期安排。

If an appointment was cancelled due to inclement weather (e.g. a Red/Black Rainstorm Warning, Typhoon Signal No. 3 or above) or special circumstances (e.g. emergency maintenance of equipment/venues, etc.), the applicants will be notified of the re-scheduling arrangement as soon as possible.

## 7. 收集個人資料聲明 Personal Information Collection Statement

- i. 在本表格內提供的個人資料乃屬自願性質。但若未能提供所需資料，本申請可未能作出處理。根據《個人資料(私隱)條例》，在本表格所填寫的個人資料，只會用作處理葵青區議會社區重點項目之相關事宜，包括核實申請人身份、受惠資格、公佈申請結果、安排預約服務、統計及服務意見調查（其所得的統計數字及研究結果，不會以能辨識任何資料當事人或其中任何人身份的形式顯示），亦只限授權人員方可查閱有關資料作前述目的之用。

The provision of personal data in this application form is voluntary, but the application may not be processed if the required personal data is not provided. In accordance with the Personal Data (Privacy) Ordinance, the personal data provided in the application form will be used by the District Office for the purposes of handling matters related to Kwai Tsing District Council Signature Project Scheme, including verifying applicants' identity, eligibility, result notification, appointment booking, statistical and research purposes (The resulting statistics and research findings will not be made available in a form to identify the data subjects or any of them). It will only be accessible to authorized officers for the said purposes.

- ii. 民政處可因應上文第7(i)節所提及的用途，或在申請人同意下，或在法例授權或規定須予披露的情況下，向包括社會福利署及公務員事務局在內的其他政府決策局/部門及/或有關機構及其授權人員披露其個人資料（包括申請人姓名及身份證號碼）。民政處亦會就這項申請聯絡上述決策局/部門/機構/授權人員，以核實申請人是否符合上文第4(ii)項列明的受惠資格之用。

The personal data (including the name and HK Identity card number) of applicants provided for the application may be disclosed to the relevant government bureaux/departments including the Social Welfare Department, Civil Service Bureau and/or relevant organizations and their authorized officers for the purposes stated in Note 7(i) above; or where the applicant concerned has given consent to such disclosure; or where such disclosure is authorized or required by law. The District Office may also contact the aforesaid government bureaux/departments/organizations/authorized officers for ascertaining whether the applicant is eligible under the Scheme or not as stated in Note 4(ii) above.

- iii. 申請人如欲查閱或更改其個人資料，請聯絡葵青民政事務處（電話：3622 2130）。Enquiries concerning the personal data collected by means of this form, including the making of access and corrections, should be addressed to the District Office (Tel.: 3622 2130).

## 8. 如有任何疑問，歡迎瀏覽網頁[www.kwaitsingsps.org.hk](http://www.kwaitsingsps.org.hk)參閱服務詳情，或向以下團體查詢：

For further details, please browse [www.kwaitsingsps.org.hk](http://www.kwaitsingsps.org.hk) or contact the following correspondence:

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| i. 一般查詢<br>General Enquiry                               | ： 葵青民政事務處<br>Kwai Tsing District Office                                      | 電話 Tel.: 3622 2130 / 3622 2136<br>電郵 Email: <a href="mailto:info@kwaitsingsps.org.hk">info@kwaitsingsps.org.hk</a> |
| ii. 牙科護理<br>Dental Care Service                          | ： 仁濟醫院<br>Yan Chai Hospital  | 電話 Tel.: 2452 9597<br>電郵 Email: <a href="mailto:dental@yanchai.org.hk">dental@yanchai.org.hk</a>                   |
| iii. 視光/眼睛檢查<br>Optometric/Ocular<br>Examination Service | ： 葵青安全社區及健康城市協會<br>Kwai Tsing Safe Community and<br>Healthy City Association | 電話 Tel.: 8118 2299<br>電郵 Email: <a href="mailto:info@ktschca.org.hk">info@ktschca.org.hk</a>                       |