Selective Placement Division
Registration Form for Job Seekers with Disabilities

Name[#] (Eng.) _____ (Chi.) _____

Date of Birth[#] _____ Place of Birth _____ Sex _____

H.K. Identity Card No.[#] _____( ) Ethnic Origin ☐China ☐Others (Please specify) _____

Hong Kong Permanent Resident?[#] ☐ Yes ☐ No, Date of arrival ____(DD)/ ____(MM)/ _____(YY)

Place of origin ☐the Mainland ☐other places

Entry visa will expire on ____(DD)/ ____(MM)/ _____(YY)

Tel. No.[#] _____ Mobile No. _____ Fax No. _____

Address[#] _____ Email address _____

Do you agree to the Labour Department displaying on the Internet or other channels the information (including any information updated in the future, other than your personal particulars such as name, ID card no., telephone no., address or email address) you provided in this form for employers' reference in selecting suitable job seekers, thereby enhancing your employment opportunity? You will be promptly notified if employers inform the Department that you fulfil the job requirements in the future. ☐ Yes ☐ No

Note: Please provide the following information as much as possible, in particular your educational qualification, working experience and jobs preferred, so that we can offer you assistance in searching jobs.

Education[#] ☐ No schooling ☐ Primary education (completed Primary ___)

☐ Secondary education (□Old Academic Structure □New Academic Structure) (completed Secondary___) ☐ Post-secondary (Diploma/Certificate)

☐ Post-secondary (Sub-degree) ☐ Post-secondary (Bachelor Degree) ☐ Post-secondary (Post-graduate)

Name of school/institute/vocational training centre	Class attended	Period From (month/year)-To (month/year)
		/ - /
		/ - /
		/ - /
Public examination results		

Language Ability

		Spoken	Reading	Written
Chinese	Cantonese	□Fluent□Fair□Little□Illiterate	□Fluent□Fair□Little□Illiterate	□Fluent□Fair□Little□Illiterate
	Putonghua	□Fluent□Fair□Little□Illiterate		
English		□Fluent□Fair□Little□Illiterate	□Fluent□Fair□Little□Illiterate	□Fluent□Fair□Little□Illiterate
Others (please specify:_____)		□Fluent□Fair□Little□Illiterate	□Fluent□Fair□Little□Illiterate	□Fluent□Fair□Little□Illiterate

Computer Skills _____ Driving Licence Cat. _____

Chinese Typing _____ wpm English typing _____ wpm Other Skills _____

Please ☑ appropriate box(es)
[#]*This item is required. * Delete whichever is inappropriate*
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Disability[#] (can check more than 1 box)	Used to/Now receiving treatment/assessment at Division of	Hospital / Clinic/Unit,	Medical follow-up Once every
☐ Visual Impairment			☐weeks☐months
☐ Hearing Impairment			☐weeks☐months
☐ Physical Impairment			☐weeks☐months
☐ Chronic Illness (please specify:_____)			☐weeks☐months
☐ Autism Spectrum Disorder			☐weeks☐months
☐ Intellectual Disability			☐weeks☐months
☐ Ex-mental Illness			☐weeks☐months
☐ Specific Learning Difficulties			☐weeks☐months
☐ Attention Deficit / Hyperactivity Disorder			☐weeks☐months
☐ Others (if your disability(ies) do/does not fall into the above categories, please specify:_____)			☐weeks☐months

Degree of disability, if applicable _____% Date of _____ Cause _____

Aiding equipment used (if applicable) _____

Mobility difficulty ☐ Yes ☐ No

Criminal record ☐ Yes ☐ No

Receiving ☐ Disability Allowance ☐ Comprehensive Social Security Assistance $ _____

Holder of ☐ Registration Card for People with Disabilities Serial No. _____

Valid to: ☐ Permanent ☐ (DD)/ (MM)/ (YY)

Working Experience

Name of Company	Position	Salary	Period From (month/year)- To (month/year)	Reason for Leaving
			/ - /	
			/ - /	
			/ - /	
			/ - /	
			/ - /	

Jobs Preferred

Job titles (1) _____ (2) _____ (3) _____

Locations preferred (1) _____ (2) _____ (3) _____

Nature of job ☐ Full-time ☐ Part-time (_____ hours per day)

Expected salary $_____ per month

Name of contact person in emergency _____ Relationship _____ Tel. No. _____

Please ☑ appropriate box(es)

[#] *This item is required. * Delete whichever is inappropriate*

Declaration of Job Seeker

If I am recruited by an employer under the "Work Orientation and Placement Scheme" through the referral of the Selective Placement Division, I agree to the employer submitting my employment related information, such as contract of employment, wage/attendance/training record/Mandatory Provident Fund contribution record, Employer's Return of Remuneration and Pensions, etc., to the Labour Department for verification.

Agreed and signed by registrant: _____

Date: _____

Personal Information Collection Statement

PURPOSE OF COLLECTION

1. The personal data as provided by you to the Labour Department, by means of this form, by employers' reply after job referrals or by means of communicating with our staff, will be used by the Labour Department for the purpose of arranging job referrals, job matching or related activities for you. The provision of personal data by you is voluntary. However, if you do not provide sufficient information, we may not be able to arrange job referrals for you.

CLASSES OF TRANSFEREES

2. The personal data and other related information provided by you, including your physique, may be disclosed to employers or other related bodies in order to arrange job referrals or other related activities for you. The personal data provided by you may also be transferred to other divisions of the Labour Department for enforcement of the ordinances administered by this Department. In respect of the Comprehensive Social Security Allowance applicants or recipients, your personal data may be disclosed to the Social Welfare Department for the purpose of processing or reviewing your application.

3. To enhance your employment opportunities, if you have indicated in this form that you agree to the Labour Departmnet displaying your information on the Internet, we will put on the Internet and other publicity channels your job related information such as qualifications, work experience, physique and jobs preferred so that employer can select suitable candidates for job interview. However, to safeguard your privacy, we will not display on the Internet and other publicity channels your personal particulars including your name, telephone number or address.

ACCESS TO PERSONAL DATA

4. According to Personal Data (Privacy) Ordinance, you have a right to access and correct your personal data after submission of information. For enquiries concerning your personal data, or making of access and corrections, you can contact:

Data Protection Officer
Selective Placement Division (Hong Kong Office),
Labour Department, G/F, Harbour Building,
38 Pier Road, Central, Hong Kong.

Please ☑ appropriate box(es)
*# This item is required. * Delete whichever is inappropriate*
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