

**Social Welfare Department**  
**Application Form for the Support Programme for Employees with Disabilities (SPED)**

Notes for Completing the Application Form

1. One application form is to be used for one beneficiary, i.e. an employee with disabilities.
2. The application form consists of five sections. Additional sheets may be attached to the form, if required.
3. Please send the completed application form and other supporting document(s), if applicable, by hand / by mail in duplicate, via the referring organisation, to the Rehabilitation and Medical Social Services Branch of the Social Welfare Department at Room 901, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong.
4. Please fill in the information and tick the boxes, as appropriate.

|                     |          |
|---------------------|----------|
| (Official Use Only) |          |
| Date of Receipt:    |          |
| Application No.:    | SPED - - |

**Section 1 – Basic Information**

**[To be completed by the Employer of Persons with Disabilities (the Applicant)]**

1. Information of the Applicant

Name of Organisation: (in Chinese) \_\_\_\_\_  
(in English) \_\_\_\_\_

Hong Kong Business Registration Number (if available): \_\_\_\_\_

# If Business Registration Number is not available, please specify the Ordinance under which the organisation is established or registered in Hong Kong: \_\_\_\_\_

Organisation address (Head office if applicable): \_\_\_\_\_

Major Type of Business:

(1) Manufacturing

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Electronics           | <input type="checkbox"/> Food and Beverage | <input type="checkbox"/> Jewellery               |
| <input type="checkbox"/> Industrial Machinery  | <input type="checkbox"/> Metal Products    | <input type="checkbox"/> Printing and Publishing |
| <input type="checkbox"/> Textiles and Clothing | <input type="checkbox"/> Toy               | <input type="checkbox"/> Watches and Clocks      |
| <input type="checkbox"/> Others (specify:)     | _____                                      |  |

(2) Non-manufacturing

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Restaurants and Hotels | <input type="checkbox"/> Cleaning                | <input type="checkbox"/> Transportation         |
| <input type="checkbox"/> Clerical               | <input type="checkbox"/> Information System      | <input type="checkbox"/> Customer Service       |
| <input type="checkbox"/> Wholesale and Retail   | <input type="checkbox"/> Tourism                 | <input type="checkbox"/> Social Welfare Service |
| <input type="checkbox"/> Real Estate            | <input type="checkbox"/> Others (Please specify) | _____   |

2. Particulars of the Authorised Contact Person of the Applicant

Name: (in Chinese) \_\_\_\_\_ 先生/小姐/女士\*  
(in English) Mr / Miss / Ms\*

Position: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

\*Please delete as appropriate.

3. Particulars of the Beneficiary (i.e. the employee with disabilities)

Name: (in Chinese) \_\_\_\_\_  
(in English) \_\_\_\_\_

Sex:  Male  Female

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

HKIC No.: \_\_\_\_\_

Workplace address:

Phone number (Office): \_\_\_\_\_

Phone number (Home / Mobile, if applicable): \_\_\_\_\_

Employment contract since (month/year): \_\_\_\_\_

Average monthly salary and allowance: \$ \_\_\_\_\_

Number of working hours per week: \_\_\_\_\_

Position: \_\_\_\_\_

Job duties: \_\_\_\_\_

Major type of disabilities: (may tick more than one)

- |   |  |
|---|--|
| <input type="checkbox"/> Attention Deficit / Hyperactivity Disorder | <input type="checkbox"/> Autism                  |
| <input type="checkbox"/> Hearing impairment                         | <input type="checkbox"/> Intellectual disability |
| <input type="checkbox"/> Physical disability                        | <input type="checkbox"/> Mental illness          |
| <input type="checkbox"/> Specific learning difficulties             | <input type="checkbox"/> Speech impairment       |
| <input type="checkbox"/> Visceral disability                        | <input type="checkbox"/> Visual impairment       |

4. Did the Applicant receive any subsidy under the Support Programme for Employees with Disabilities of the Social Welfare Department to procure the assistive device(s) and/or modification works in respect of the same employee with disabilities in the past five years?

- No (Please go to Section 2 directly)
- Yes (Please specify the date of approval and the approved items)

\_\_\_\_\_

5. Please state the justification(s) for the re-application, and provide relevant supporting document(s) for the SPED Committee's consideration. [Please use separate sheet(s) if space is insufficient]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 2 – Proposal (To be completed by the Applicant)**

1. The proposed assistive devices and/or the modification works (Please attach at least TWO quotations for each item)

| Item                     | Type and model number<br>(if applicable)  | Description on the expected outcomes (e.g. how the device(s) and/or works enhance work efficiency of the employee with disabilities, etc.) | Price<br>(Please list the lowest quoted price)<br>(HK\$) |
|--------------------------|---|--|--|
| <input type="checkbox"/> | <b><u>Assistive Devices</u></b> (Please use separate sheets if space is insufficient)       |  |  |
|                          | (i)   |  |  |
| (ii)                     |   |  |  |
| <input type="checkbox"/> | <b><u>Workplace Modifications</u></b> (Please use separate sheets if space is insufficient) |  |  |
|                          | (i)   |  |  |
| (ii)                     |   |  |  |
| <b>TOTAL</b>             |   |  |  |

2. Total amount of subsidy sought: \$ \_\_\_\_\_ (*Maximum \$20,000* <sup>Note 1</sup>)
3. Estimated beneficiary's frequency of using the proposed assistive device(s):
- Daily  Once every 2-3 days
- Once every 4-6 days  Once a week
- Others (Please specify/describe as appropriate) \_\_\_\_\_
4. Estimated beneficiary's frequency of using the proposed modification works:
- Daily  Once every 2-3 days
- Once every 4-6 days  Once a week
- Others (Please specify/describe as appropriate) \_\_\_\_\_
5. Without the proposed assistive device(s) and/or modification works, can the beneficiary perform his/her duties?
- The beneficiary can perform most of his/her duties.  
(Please elaborate as appropriate) \_\_\_\_\_
- \_\_\_\_\_
- The beneficiary can only perform some of his/her duties.  
(Please elaborate as appropriate) \_\_\_\_\_
- \_\_\_\_\_
- The beneficiary cannot perform his/her duties.  
(Please elaborate as appropriate) \_\_\_\_\_
- \_\_\_\_\_
- Others remarks (Please elaborate as appropriate):
- \_\_\_\_\_
- \_\_\_\_\_

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<sup>Note 1</sup> The subsidy is basically capped at a maximum support level of \$20,000. A grant up to \$40,000 may be considered for deserving cases for which the price of a single item of assistive device and its essential accessories being applied for has exceeded \$20,000.

**Section 3 – Declaration (To be completed by the Applicant)**

1. I, authorised by the Applicant, have read and understand the “Information Note on the Support Programme for Employees with Disabilities (SPED)” and “Notice to Data Subject Before Collection of Personal Data” (see the *Appendix* to this form).
2. The information provided in the application is true and accurate. I understand that the Applicant will be liable to prosecution if it wilfully or intentionally makes any false declaration, withholds any information or misleads the Social Welfare Department (SWD) with a view to obtaining the said subsidy.
3. I declare that the Applicant will not sell, rent or transfer the devices supported by the SPED to other organisations or individuals/employees, unless with prior approval from SWD.
4. I understand that the Applicant will be required to receive staff of SWD and/or the SPED Administrator who would visit the workplace for inspection and assessment of the assistive devices procured and/or modification works carried out.
5. I understand that SWD and the SPED Administrator, in processing and reviewing the application, may require the Applicant to provide relevant supporting documents, or authorise SWD and/or the SPED Administrator to obtain from the concerned parties such documents for verification purpose.
6. I understand that failure to co-operate with SWD and/or the SPED Administrator may lead to suspension of the processing of the application by SWD or refund of the subsidy by the Applicant.

*Please stamp official seal below  
(head office, if applicable)*

Signed by the  
Authorised Contact  
Person:

Name and position  
of the Authorised

Contact Person:

Name of organisation:

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 4 – Declaration (To be completed by the Employee with Disabilities)**

1. I have read and understand the “Information Note on the Support Programme for Employees with Disabilities (SPED)” and “Notice to Data Subject Before Collection of Personal Data” (see the *Appendix* to this form).
  
2. I note that the Applicant will apply for a subsidy under the SPED.
  
3. I understand that provision of any false or misleading information therein shall lead to disqualification of application without notice.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Section 5 – Recommendations (To be completed by the Referring Organisation)**

1. Information of the Referring Organisation:

Name: (in Chinese) \_\_\_\_\_  
(in English) \_\_\_\_\_

Type of Referring Organisation

- NGO operating SWD-subvented vocational rehabilitation services
- NGO running training courses for persons with disabilities or persons recovering from work injuries with the funding support of the Employees Retraining Board
- Selective Placement Division of the Labour Department
- Vocational Training Council
- SPED Administrator

2. Period of service(s) provided to the employee with disabilities of this application:

- Less than 6 months
- 6 to 11 months
- 12 to 24 months
- More than 24 months

3. Service(s) provided to the beneficiary:

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4. Type of disabilities of the employee with disabilities: (may tick more than one)

- Attention Deficit / Hyperactivity Disorder
- Autism
- Hearing impairment (Please tick below, if applicable)
  - Hearing loss > 70 dB
  - Hearing loss 41 - 70 dB
  - Hearing loss 26 - 40 dB
- Intellectual disability (Please tick below, if applicable)
  - Profound
  - Severe
  - Moderate
  - Mild
- Physical disability
  - Please specify: \_\_\_\_\_



- Mental illness (Please tick below, if applicable)
  - Psychosis
  - Neurosis
  - Others (Please specify) \_\_\_\_\_
- Specific learning difficulties
- Speech impairment
- Visceral disability / Chronic illness
  - Please specify: \_\_\_\_\_
- Visual impairment (Please tick below, if applicable)
  - Severe
  - Moderate
  - Mild

5. Recommendations on the proposal in Section 2

| <b>Aspects</b> |                          | <b>Assistive Device(s)</b>   | <b>Workplace Modifications</b>   |
|----------------|--------------------------|--|--|
| a.             | Needs of the beneficiary | <input type="checkbox"/> The proposed assistive devices can meet the needs of the employee with disabilities at the workplace.<br><input type="checkbox"/> The proposed assistive devices cannot meet the needs of the employee with disabilities at the workplace.<br><input type="checkbox"/> Other remarks:<br>_____<br>_____<br>_____<br>_____ | <input type="checkbox"/> The proposed modification works can meet the needs of the employee with disabilities at the workplace.<br><input type="checkbox"/> The proposed modification works cannot meet the needs of the employee with disabilities at the workplace.<br><input type="checkbox"/> Other remarks:<br>_____<br>_____<br>_____<br>_____ |
| b.             | Work efficiency          | <input type="checkbox"/> The work efficiency of the employee with disabilities will be enhanced.<br><input type="checkbox"/> The work efficiency of the employee with disabilities will not be enhanced.<br><input type="checkbox"/> Other remarks:<br>_____<br>_____<br>_____<br>_____  | <input type="checkbox"/> The work efficiency of the employee with disabilities will be enhanced.<br><input type="checkbox"/> The work efficiency of the employee with disabilities will not be enhanced.<br><input type="checkbox"/> Other remarks:<br>_____<br>_____<br>_____<br>_____  |

| Aspects |                           | Assistive Device(s)   | Workplace Modifications  |
|---------|---------------------------|---|--|
| c.      | Feasibility               | <i>Not Applicable</i>   | <input type="checkbox"/> The proposed works are considered feasible.<br><input type="checkbox"/> The proposed works are considered infeasible.<br><input type="checkbox"/> Other remarks:<br><hr/> <hr/>                       |
| d.      | Amount of subsidy applied | <input type="checkbox"/> The amount of subsidy sought is considered reasonable.<br><input type="checkbox"/> The amount of subsidy sought is considered unreasonable.<br><input type="checkbox"/> Other remarks <sup>Note 2</sup> :<br><hr/> <hr/> | <input type="checkbox"/> The amount of subsidy sought is considered reasonable.<br><input type="checkbox"/> The amount of subsidy sought is considered unreasonable.<br><input type="checkbox"/> Other remarks:<br><hr/> <hr/> |

**Declaration**

- I, authorised by the referring organisation, have read and understand the “Information Note on the Support Programme for Employees with Disabilities”.
- I understand that the referring organisation is required to provide recommendation on the application, and verify, to its best knowledge, the information provided by the Applicant.

*Please stamp official seal below*

Signed by the responsible officer: \_\_\_\_\_

Name and position of the responsible officer: \_\_\_\_\_

Name of the referring organisation: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

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<sup>Note 2</sup> Please justify if the subsidy sought exceeds \$20,000 for one single item of assistive device and its essential accessories.  
*Application Form for the Support Programme for Employees with Disabilities (12/2014)*

## **Notice to Data Subject Before Collection of Personal Data**

*Please read this notice before you provide any personal data to the Social Welfare Department*

### Purposes of Collection

1. The personal data supplied by you will be used by the Social Welfare Department (SWD) to provide appropriate assistance or service from SWD which is relevant to your needs, including but not limited to monitoring and review of services and conducting of research and surveys, and for discharging statutory duties. The provision of personal data to SWD is voluntary. If you do not provide sufficient personal data, we may not be able to process your application or provide assistance/service to you.

### Classes of Transferees

2. The personal data you provide will be made available to persons working in the Department on a need-to-know basis. Apart from this, they may only be disclosed to the relevant parties or in the circumstances listed below -

- (a) Other parties such as government bureaux / departments, non-governmental organisations and public utility companies if they are involved in the assessment of application from or provision of service/assistance to you;
- (b) Where such disclosure is authorized or required by law; or
- (c) Where you have given consent to such disclosure.

### Access to Personal Data

3. Except where there is an exemption provided under the Personal Data (Privacy) Ordinance, you have a right of access to and correction of personal data held on you when the data have not been erased. However, data will usually be erased after fulfilling the purposes of collection. Your right of access under the Ordinance means the right to obtain a copy of your personal data subject to payment of a fee. Applications for access to data should be made in writing.

### Enquiries, Access to and Correction of Personal Data

4. Please ensure that the data you provide to SWD are accurate. If you have enquiries concerning your application for assistance/service or if there are changes in the data you provide, please contact the office which collected the data from you.

5. Requests for access to personal data collected by SWD and correction of data obtained from a data access request should be addressed to –

Post title: Social Work Officer (Rehabilitation and Medical Social Services)5  
Address: Room 901, 9/F, Wu Chung House, 213 Queen's Road East,  
Wan Chai, Hong Kong  
Tel. No.: 2892 5156