

The Hospital Authority (HA) mission is to  
醫院管理局（醫管局）的宗旨是

**PATIENTS**

- provide quality services, care and dedication to meet their needs
- improve hospital environment for their benefit



**STAFF**

- provide rewarding, fair and challenging employment
- attract, motivate and retain staff

**為職員**

- 提供合理薪酬、公平待遇及富挑戰性的工作條件
- 吸引、激勵及挽留人才



**PUBLIC**

- project image of care, dedication, efficiency and value for money
- offer partnership and participation

**為公眾**

- 建立一個關懷病人、竭誠服務、高效率及善用資源的形象
- 提供合作及參與機會

**為病人**

- 提供優質服務、關懷及熱誠，以滿足他們的需求
- 改善醫院環境，使病人得益



**OTHER AGENCIES AND BODIES**

- collaborate with health care and related fields
- provide benefits to local community

**為其他機構及團體**

- 與醫療護理及有關團體攜手合作
- 造福本港市民



**GOVERNMENT**

- advise on needs and resources
- provide efficient and effective public hospital services

**為政府**

- 提出有關需求及資源的意見
- 提供高效率的公立醫院服務



Notes  
備註

- (1) Please complete every item in **BLOCK LETTERS**.  
請用正楷填寫各項。
- (2) Please ensure that all information is accurate and complete. Copies of certificates / qualifications should be attached. If necessary, please give details on a separate sheet to be attached to this application form.  
各項均須正確填妥，並請檢附任何證書／資歷的副本。如有需要，申請人應另頁詳列其有關資料，並附於本申請表。
- (3) The information provided will be used for appointment to the HA and other employment-related purposes. It may be provided to departments / agencies authorized to process the information for purposes relating to appointment e.g. qualifications assessment and medical examination. Information on unsuccessful candidates will be destroyed after the recruitment exercise when no longer required.  
申請人所提供的資料，將用於招聘醫管局員工以及其他與聘用有關的事宜上。有關資料可能會送交獲授權處理醫管局職位申請人資料的部門／機構，以便進行與聘用有關的事宜，例如學歷評審及體格檢查。招聘程序完成後，未獲取錄申請人的資料如已無須保留，將全部銷毀。
- (4) Please refer to the "Personnel Record Notice" (Notice) for more details and interpretation on the collection, use, disclosure and transfer of the Personal Data you provide to us. The Notice can be obtained from Human Resources Departments of all HA Institutions or by fax through the fax enquiry function of HA Recruitment Hotline No. 2805 6333.  
有關你提供的個人資料之收集、使用、透露或轉移的釋義及詳情，請參閱「人事紀錄通知書」。「人事紀錄通知書」可向醫管局轄下各醫院的人力資源部索取或利用醫管局招募熱線 2805 6333 之圖文傳真功能索取。
- (5) For correction of or access to personal data after submission of this application, please contact the relevant Data Controller of the hospital / HA Head Office which advertised the vacancy you are applying for during office hours.  
提交申請表後，如欲更改或查詢個人資料，請在辦公時間內與你所申請職位空缺的有關醫院／醫管局辦事處的資料控制員聯絡。
- (6) For staff currently working in HA, please use "Internal Recruitment Application Form" No. HA(G)13A.  
現任醫管局員工，請用「內部招聘申請表」編號 HA(G)13A。

<b>Position Applying For 申請職位</b>		Application No. 申請表編號 _____ (For office use only 只供有關部填寫)
_____ in _____ (Position) 職位	(Name of Office/Hospital/Institution) 辦公室/醫院/機構名稱	(Position reference) 職位參考編號

<b>Personal Particulars 個人資料</b>																										
Full Name in English ( Mr/Ms/Mrs*# ) 英文全名	Name in Chinese 中文姓名 ( 先生/女士/太太 *#)	Date of Birth 出生日期 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>日</td><td>月</td><td>日</td><td>月</td><td>年</td><td>年</td><td>年</td><td>年</td></tr></table>									D	D	M	M	Y	Y	Y	Y	日	月	日	月	年	年	年	年
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日	月	日	月	年	年	年	年																			
Hong Kong Identity Card / Passport / Travel Document * Number 香港身份證/護照/旅行證件* 號碼																										
Residential Address 住址																										
Correspondence Address 通訊地址 (If different from the address given above 如與上址不同)																										
Residential Telephone Number 住所電話	Office / Day Time Contact Number 辦事處/日間聯絡電話	Fax Number 傳真號碼																								

<b>Education and Training (in chronological order) 教育及培訓 (按日期順序列出)</b>								
Date 日期				Schools, Colleges, Universities, Institutions, etc Attended / Attending 曾經/現在就讀的學校、學院、大學、機構等	Full or Part-time 全日或兼讀	Class Attended / Attending 曾經/現正就讀班級		
From 由		To 至						
Month 月	Year 年	Month 月	Year 年					

<b>Academic/Professional Attainment (in chronological order) 學歷 / 專業資格 (按日期順序列出)</b>						
Date Obtained 領授日期		Academic / Professional Qualification Held 學歷/持有的專業資格	Issuing Authority 領發機構	Subjects Passed and Level Attained 合格科目及獲取程度		
Month 月	Year 年					

\*Please delete as appropriate 請刪去不適用者  
# Optional 可選擇不填寫

Work Experience (in chronological order) 工作經驗 (按日期順序列出)						
Date 日期				Name of Organisation and Position Held 機構名稱及職位	Full or Part-time 全職或兼職	Major Responsibilities 主要職責
From 由		To 至				
Month 月	Year 年	Month 月	Year 年			

Please give details on a separate sheet when there is insufficient space for completion. 如空位不敷填寫，請另紙詳列資料。

Please fill in the following and supply a stamped self-addressed envelope if you wish to receive an acknowledgement of your application. 申請人如希望獲知已收到其申請表，請填妥下列資料，並附上一個回郵信封。

APPLICATION FOR EMPLOYMENT AS \_\_\_\_\_ IN \_\_\_\_\_  
 職位申請書 (Position) (Name of Office/ Hospital/ Institution)  
 (職位名稱) (辦事處/醫院/機構名稱)

Name 姓名 \_\_\_\_\_

Address 地址 \_\_\_\_\_

Application No.  
申請表編號

(For office use only)  
(只供有關部門填寫)

**Remuneration Package 現時薪金與其他津貼**

Last Drawn Basic Salary 最後支取之底薪 (per month每月/per year每年) * HK\$ _____ (港元)	No. of months' pay per year : 每年獲發薪 _____ months月	Notice period for resignation: 目前職位離職通知期 _____ months月/days日*
Regular Allowances 固定津貼 (per month每月/per year每年) * HK\$ _____ (港元)	Others (Commissions, Bonus, etc) 其他 (佣金、花紅等) HK\$ _____ (港元) (per month 每月/per year 每年) *	

**Other Additional Relevant Information 其他額外有關資料****Declaration 聲明**

Have you ever been employed by the HA?

你會否受聘於醫管局?

Answer Yes  If yes, please fill in the following information (including part-time/ temporary positions):

請答 是 如是, 請填寫下列資料 (包括兼職或臨時職位):

Position 職位	Hospital/Institution 醫院/機構	Date of Employment 受聘日期
_____	_____	From _____ To _____ 由 (dd/mm/yy) (日/月/年) 至 (dd/mm/yy) (日/月/年)

Or No   
或 否

I undertake to report any changes to information provided in this application from the date shown hereunder to the date I report duty, if applicable.

本人承諾, 如在下署日期和到職日期之間有任何就業變動, 而與這申請表申報資料不符, 定會作出報告。

I understand that if I wilfully give any false information or withhold any material information, I shall render myself liable to dismissal if I am appointed to the service of the HA.

本人明白倘若故意虛報資料或隱瞞重要事實, 即使已獲醫管局錄用, 亦有可能遭解僱。

Date \_\_\_\_\_  
日期

Signature \_\_\_\_\_  
簽署

\*Please delete as appropriate 請刪去不適用者

Dear Sir/ Madam,

敬啟者:

**ACKNOWLEDGEMENT OF APPLICATION**

Thank you for your application.

**申請書覆函**

多謝你申請醫院管理局的工作。

We will contact you within 10 weeks if we are interested in your application.

假如我們對你的申請感興趣, 你將於十星期內接獲通知。

Yours faithfully,

For and on behalf of

Hospital Authority

謹代表醫院管理局