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性罪行定罪紀錄查核申請表
APPLICATION FORM FOR SEXUAL CONVICTION RECORD CHECK

請先致電自動電話查詢系統 (電話: 3660 7499) 辦理預約。
Advance booking through Auto-Telephone Answering System at 3660 7499 is required.

請在適當空格內寫上別號 Please tick the appropriate boxes

新申請 New Application

準僱員 Prospective Employee

合約續期僱員 Contract Renewal Staff

本人, 下列署名者, 現向香港警務處處長提出查核本人的性罪行定罪紀錄: -

I, the undersigned, hereby make application to the Commissioner of Police for Sexual Conviction Record Check: -

續延查核結果有效期 Renewal of Validity Period

本人, 下列署名者, 現向香港警務處處長提出將本人的性罪行定罪紀錄查核結果有效期續延十二個月: -

I, the undersigned, hereby make application to the Commissioner of Police for **renewal of validity period** of the Sexual Conviction Record Check result for twelve months: -

申請人中文姓名:

(以香港身份證所載者為準)

* 先生 / 小姐 / 太太 / 女士

(*請將不適用者刪去)

性別: 男

女

Sex: Male Female

Applicant's Name in English: * Mr / Miss / Mrs / Ms

(As stated on H.K. Identity Card) (*Delete whichever is inapplicable.)

中文商用電碼:

Chinese Commercial Code:

香港身份證號碼:

H.K. Identity Card No.: ()

出生日期:

Date of Birth: - - Day 日 Month 月 Year 年

聯絡電話號碼:

Contact Telephone No.:

香港住址:

Address in Hong Kong: 本處所發的信函將寄往以上地址, 如有任何更改, 請通知本處。

Any letters from this Office will be sent to the address stated above. Please notify us for any change.

聲明:

本人已詳閱『申請人須知』內所述內容, 並明白有關性罪行定罪紀錄查核服務的條款及條件, 包括有關結果只供申請從事與兒童或精神上無行為能力人士有關工作之用。

Declaration:

I have familiarized myself with the "Notes to Applicants" and understood the terms and conditions for the Sexual Conviction Record Check service, including that the check result is only intended for seeking employment related to children / mentally incapacitated persons.

日期:

Date:

申請人簽署:

Signature of Applicant:

※ 如果申請人未滿 18 歲, 請填寫以下部份。 Please fill in the following information if the applicant is under 18 years of age.

※ 凡未滿 18 歲的申請人, 必須由父母或監護人陪同遞交申請。

Applicants under the age of 18 should always be accompanied by their parent or guardian when submitting their applications.

本人, 即下開簽署人, 謹此聲明本人乃申請人的:

I, the undersigned, declare that my relationship with the applicant is

父母

Parent

法庭頒令監護人

Legal Guardian (by Court Order)

家長/監護人姓名:

Name of Parent / Guardian:

獲授權的監護人

Legal Guardian (by Authorisation)

家長/監護人香港身份證號碼:

H.K. Identity Card No. of Parent / Guardian: ()

家長/監護人簽署:

Signature of Parent / Guardian:

※ 本欄由辦理機關處理 For Official Use Only

職員姓名、職位及簽署:

Name, Post Title and Signature of Officer:

日期:

Date:

收據編號:

Receipt No.: