

\_\_\_\_\_  
Organisation / Enterprise's Name and Address

\_\_\_\_\_  
Date

To whom it may concern,

**Application for Sexual Conviction Record Check (SCRC)**

This is to certify that ( \_\_\_\_\_ , \_\_\_\_\_ )  
Name of Applicant HKID Card No.

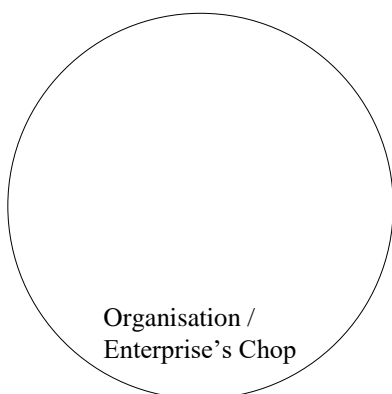
*\*has applied / has been employed and the contract will be renewed for the post of*

( \_\_\_\_\_ ) in the ( \_\_\_\_\_ ).  
Name of post Name of relevant organization / enterprise

The usual duties of the aforesaid post holder will involve, or will be likely to involve, frequent or regular contact with children / mentally incapacitated persons.

I confirm that I have read the Notes to Employers of the SCRC Scheme and fully understood the terms and conditions of the service including my responsibilities contained therein.

Yours faithfully,



( \_\_\_\_\_ )  
Signature of Sender

( \_\_\_\_\_ )  
Name of Sender

\_\_\_\_\_  
Post Title of Sender

\* Delete whichever is inapplicable

Notes:

1. All the above information shall be included in applicant's documentary proof of employer, otherwise the application shall not be accepted.
2. Only the original copy of applicant's documentary proof of employer shall be accepted.
3. SCRC office reserves at all times the absolute right to determine whether applicant's documentary proof of employer has met the requirement for the application for SCRC.