

Membership number 會員編號：

(For office use only 辦公室用)

Seamless Care Club Membership Form (Health Care) 無縫醫護會員表格(醫護)

*You may choose more than one answer for some of the items 部分題目可選擇多於一個選項

I. Member Information 會員資料

1. Name 姓名: _____ (English) _____ (中文)
2. Sex 性別: M 男 / F 女
3. Languages 語言: Putonghua 普通話 / Cantonese 廣東話 / English 英文 / Japanese 日文
Others 其他: _____
4. Your age group 你所屬的年齡組別:
 1. ≤ 25
 2. 26-40
 3. 41-55
 4. > 55
5. What's your professional qualification?
你的具備以下哪個專業資格?

A. Registered Nurse	註冊護士
B. Enrolled Nurse	登記護士
C. Occupational Therapist	職業治療師
D. Physiotherapist	物理治療師
E. Health Care Worker	保健員
F. Personal Care Worker	個人護理員
G. Paramedical Assistant	醫療助理
H. Others	其他: _____
6. How many years have you practiced?
你執業多少年?
 - A. ≤ 3 years
 - B. 4-10 years
 - C. > 10 years

7. What's your specialty?

你屬於哪個專科？

- | | |
|------------------------------|-----------|
| A. Emergency Department | 急診 |
| B. Medical Ward | 內科 |
| C. Surgical Ward | 外科 |
| D. Orthopedic | 骨科 |
| E. ICU | 深切治療 |
| F. Operating Theatre | 手術室 |
| G. Pediatric | 兒科 |
| H. Obstetrics and Gynecology | 婦產科 |
| I. Psychiatric | 精神科 |
| J. Community Health | 社區健康 |
| K. Elderly Care | 長者照護 |
| L. Homecare of Disabled | 殘疾人士照護 |
| M. Others | 其他: _____ |

8. What's the health setting that you have the most experience in?

在以下哪種醫療機構你擁有最多的臨床經驗？

- | | |
|--------------------------------------|-----------|
| A. HA Acute Hospital | 醫管局急症醫院 |
| B. Private Hospital | 私家醫院 |
| C. Rehabilitation Hospital | 康復醫院 |
| D. Specialist Centre | 專科中心 |
| E. Nursing Homes/Aged Homes | 老人院舍 |
| F. Residential Home for Disabled | 殘疾人士院舍 |
| G. Clinic | 診所 |
| H. Community Centre / Patient's Home | 社區中心或病人家中 |
| I. Others | 其他: _____ |

9. What type of work environment do you prefer?

你傾向選擇哪種工作環境？

- | | |
|---|-----------|
| A. Home Care | 居家私人護理 |
| B. Private Care for Hospitalized Client | 住院患者的私人護理 |
| C. Relieving staff/part-time Work for General Hospital | 綜合性醫院的兼職 |
| D. Relieving staff/part-time for Residential Care Institution | 院舍兼職 |
| E. Relieving/part-time Work for Clinical Teaching | 臨床教學的兼職 |

10. Do you prefer to work in day time or night time?

你傾向選擇日間或晚間工作?

- A. Day Duty 日間
- B. Night Duty 晚間

11. Your preferred work duration:

你可以接受的工時:

- A. 12 hours 12 小時
- B. 8 hours 8 小時
- C. 4 hours 4 小時

12. Frequency of work 工作密度:

- A. Occasionally 偶爾
- B. Daily 每日一次
- C. At least once a week 每週至少一次
- D. At least once a month 每月至少一次

13. Will you be interested to become a trainer in relevant courses for fellow health professionals?

你有興趣成為培訓人員，提供有關醫護課程嗎?

- A. Interested 有興趣
- B. Not interested 無興趣
- C. Not interested at the moment 暫時無興趣

II. Contact details 聯絡資料

Address 地址

Telephone 電話

Email 電郵

Personal Data Privacy Statement

The information provided will be used for administration of the company service. The data provided will also be used by SCL for promoting products and activities. You have the right to access and correct your personal data as provided in section 18 and 22 of the Personal Data (Privacy) Ordinance. Enquiries concerning the personal data collected by means of this form should be made by phone at 2116 3731 or by fax at 2350 0696.

個人資料私人聲明

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* Thank you! 多謝! *