

Organisation/Enterprise's Name
Address

Date

To whom it may concern,

Sexual Conviction Record Check of [Name of Applicant, HKID Card No.]

This is to certify that (Name of Applicant, HKID Card No.) has applied for the post of (name of post) in the (name of relevant organisation/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 available at <http://www.police.gov.hk/scrc> and fully understood the terms and conditions of the service including my responsibilities contained therein.

Yours faithfully,

(Signature)

(Name)
Post Title

Organisation/
Enterprise's
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