

# 個人資料 PERSONAL DATA

香港警務處鑑證科 Hong Kong Police Force Identification Bureau



## 性罪行定罪紀錄查核申請表（親身申請）

### Application Form for Sexual Conviction Record Check (Apply in person)

請先以「智方便」登入網上預約系統 (<https://online.booking.police.gov.hk/>) 辦理預約。

Booking through Online Booking System (<https://online.booking.police.gov.hk/>) with iAM Smart is required.

- 請用黑色或藍色筆以正楷填寫本申請表。Please complete this form in Block letters using black or blue pen.
- 請在適當空格內填上剔號「✓」。Please tick as appropriate (✓).

#### 1. 申請人類別 Type of Applicants

<b>新申請人</b> New Applicant <small>必須出示僱主證明書，以證明新申請人為查核機制涵蓋下的合資格申請人。 Documentary proof by the employer to prove s/he is an eligible applicant under the Scheme is required.</small>	<input type="radio"/> 準僱員 Prospective Employee <input type="radio"/> 合約續期僱員 Contract Renewal Staff <input type="radio"/> 準自僱人士 Prospective Self-employed Person
<b>現有申請人</b> Existing Applicant <small>無須出示僱主證明書。 Documentary proof by the employer is NOT required.</small>	<input type="radio"/> 續延申請 Renewal Application

#### 2. 申請人資料 (以身份證明文件所載者為準) Personal Particulars of Applicant (As stated on Identity Document)

姓名 (中文) (如適用) Name in Chinese (if applicable)	<input type="text"/>	姓名 (英文) Name in English	<input type="text"/>
中文商用電碼 (如香港身份證所載) (如適用) Chinese Commercial Code (as stated on Hong Kong Identity Card) (if applicable)	<input type="text"/>	出生日期 Date of birth	<input type="text"/>
性別 Sex <input type="radio"/> 男 Male <input type="radio"/> 女 Female	身份證明文件號碼 Identity Document no.	<input type="text"/>	簽發地點 (如適用) Place of issue (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
香港通訊地址 Correspondence Address in Hong Kong	<input type="text"/>		
本地流動電話號碼 Local Mobile no.	<input type="text"/>	電郵 Email	<input type="text"/>

申請人將經電話及電郵接收有關查核申請的提示訊息。The applicant will receive notifications about the SCRC application through SMS and email.

#### 3. 申請人聲明書 Declaration of Applicant

本人，現謹此聲明：

(1) 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。

(2) 就本人所知，此申請表內所填寫的資料均屬正確無誤。此申請表上所提供的資料在提交後將不能更改。

(3) (如提交新申請) 本人同意接受套取指紋及由香港警務處保留此等指紋。

(4) 本人同意香港警務處將本人性罪行定罪紀錄查核結果，經自動電話查詢系統披露予獲本人授權查核結果的僱主。

I, declare that;

(1) 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.

(2) The information given in this application is correct to the best of my knowledge. The information provided on the form cannot be changed after the application has been submitted.

(3) (For the submission of SCRC new application) I agree to give my fingerprints in connection with this application, as well as for the retention of such data by the Hong Kong Police Force.

(4) I also hereby give my consent that my Sexual Conviction Record Check result shall be disclosed by the Hong Kong Police Force via the Auto-Telephone Answering System to the employers authorised by me for checking the result.

申請人簽署 Signature of Applicant	<input type="text"/>	日期 Date	<input type="text"/>
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#### 4. 未滿十八歲申請人的父、母或合法監護人同意書 Consent from Parent(s) or Legal Guardian of Applicant under 18 Years of Age

本人特此同意上述未滿十八歲之申請人提交性罪行定罪紀錄查核申請。本人確認已充分知悉性罪行定罪紀錄查核的計劃守則及相關申請程序。  
I hereby give my consent for the above applicant aged under 18 to submit an application for a Sexual Conviction Record Check (SCRC). I confirm that I have been fully informed about the SCRC protocol and the related process.

家長 / 監護人 姓名 Name of Parent / Guardian	<input type="text"/>	家長 / 監護人 身份證明文件號碼 Identity Document No. of Parent / Guardian	<input type="text"/>
家長 / 監護人 聯絡電話 Contact Telephone Number of Parent / Guardian	<input type="text"/>	家長 / 監護人 簽署 Signature of Parent / Guardian	<input type="text"/>
<input type="text"/>	<input type="text"/>	日期 Date	<input type="text"/>

<b>本欄由辦理機關處理</b> For Official Use Only	職員姓名、職位及簽署 Name, Post Title and Signature of Officer	日期 Date	<input type="text"/>
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