致: 勞工處補充勞工科 電話: 2150 6324 / 2150 6334

傳真號碼: 2542 2742

簡介會地址:九龍長沙灣道 303 號長沙灣政府合署 9 樓 929 室

「補充勞工計劃」輸入勞工簡介會報名表格

甲部

本人/本公司會安排下列勞工出席簡介會(如有需要,請自行加頁寫上勞工的資料。)					
	* 簡介會日期及語言				
姓名	4.1.2022 (星期二)				
XI.A	普通話	普通話	廣東話		
	(11am - 12:30pm)	(2pm - 3:30pm)	(3:30pm - 5pm)		
* 請在適當位置加上 ✓ 號。	請提醒輸入勞工須帶同份	也們的身份證及標準僱傭	合約正本出席簡介會。		
根據「補充勞工計劃」	打定的「梗准偏侮人	约,(梗准入约) 第 1	1 終 担 定 , 儉 主		
→ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		_			
簡介會。每名輸入勞工			='		
內出席一場簡介會。請	=				
向僱主發出書面通知,		期起計的一年內,拒	絕審理有關僱主根據		
「補充勞工計劃」輸入	. <u> </u>				
□ 如這次簡介會額滿,	本人/本公司同意按勞工處	‱ 歲於丙部的通知,安排甲	部的勞工出席於另一日		
	甲部的勞工未能出席該簡				
工報名出席於其他日其	用舉行簡介會,以遵守上	述規定。			
□ 本人/本公司知悉須遵	守上述規定,以及明白記	幸反有關規定可能招致的	後果,惟不會安排勞工		
	意勞工處安排勞工出席於				
請在合適方格內加上 ✓ 號。					
公司印章及代表簽署:		公司名稱:			
公司中草及代衣贺看。_		公司石供・_			
公司代表姓名:		聯絡電話:			
公司代农姓石。_		柳俗电品・			
日期:		傳真號碼:			
請注意: 1. 本回條所收集的個人	咨判收合用协定批龄》以下		·劃右關的人注用冷。		
	·貝科將曾用於女排輸入第二。 ·會將收集的資料轉交勞工處。				
	閱及更改其提供個人資料。				
地址: 九龍長河	少灣道 303 號長沙灣政府合署	9樓 929室	電話: 2150 6363		

丙部		此欄由勞工處填寫	
	應	乙部的要求,本處現安排甲部所有輸入勞工出席以下日期及地點舉行的簡介會	• 0
地點:			
日期:		時間:	

To: Supplementary Labour Division, Labour Department Tel. no.: 2150 6324 / 2150 6334

Fax no.: 2542 2742

Date:

Briefing Venue: Room 929, 9/F, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon

Enrolment Form - Briefing for Imported Workers under the Supplementary Labour Scheme

Part A I / Our compan	y will arrange the following w (Please use separate page if t		g session.			
	* Date of Briefing and Language					
N		4.1.2022 (Tuesday)				
Name	Putonghua	Putonghua	Cantonese			
	(11am - 12:30pm)	(2pm - 3:30pm)	(3:30pm - 5pm)			
* Please tick as appropriate.	Please remind your worker(Identity Card and Standard					
Part B	Tuching Cara and Standard	Employment Contract to all	ena ine above oriejing.			
weeks upon their arrival in Hong refuse SLS applications submittissue date of the written notice. In case of over-subscription Department to assign we such briefing, I / our control briefing on other date I / Our company know(consequence of non-control	 contracts renewed) for attending a briefing, on the basis of each SEC signed, organised by the Labour Department within 8 weeks upon their arrival in Hong Kong. Please note that the Labour Department will issue a written notice to employers and refuse SLS applications submitted by employers failing to comply with the briefing requirement within 1 year from the issue date of the written notice. In case of over-subscription, I / our company agree(s) to follow the notice in Part C from the Labour Department to assign worker(s) in Part A to attend a briefing on another date. If the worker(s) cannot attend such briefing, I / our company acknowledge(s) the responsibility to enroll the worker(s) again for attendance to briefing on other dates in order to comply with the requirement stated above. I / Our company know(s) the obligation to comply with the requirement stated above and understand(s) the consequence of non-compliance. Yet, I / our company will not arrange worker(s) to attend the briefing session / disagree(s) that the worker(s) be assigned to attend a briefing on another date because: 					
Please tick in the appropriate b	OOX.					
Co. chop & signature of rep.:		Name of Company:				
Name of representative:		Contact Number:				
Date:		Fax Number:				
Please note: 1. The personal data in this form is collected for the purpose of arranging briefing sessions to imported workers under the Supplementary Labour Scheme and other legitimate use relating to the enforcement of the scheme. 2. Where appropriate, the data will be transferred to other divisions of Labour Department for the purpose mentioned in (1) above. 3. Representative named in this form have the right to request access to and correction of the personal data. Divisional Personal Data Privac Officer of Supplementary Labour Division may be contacted in case of need. Address: Room 929, 9/F, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon. Tel.: 2150 636:						
Part C	To be completed by the	Labour Department				
As per the request i	n Part B, all worker(s) in Part	A is / are assigned to attend to	the briefing below:			
Venue:						

Time:

致: 勞工處補充勞工科 電話: 2150 6324 / 2150 6334

傳真號碼: 2542 2742

簡介會地址:九龍長沙灣道 303 號長沙灣政府合署 9 樓 929 室

「補充勞工計劃」輸入勞工簡介會報名表格

甲部

本人/本公司會安排下列勞工出席簡介會(如有需要,請自行加頁寫上勞工的資料。)					
	* 簡介會日期及語言				
姓名	10.1.2021 (星期一)				
X1/1	廣東話	普通話	廣東話		
	(11am - 12:30pm)	(2pm - 3:30pm)	(3:30pm - 5pm)		
* 請在適當位置加上 ✓ 號。	請提醒輸入勞工須帶同份	也們的身份證及標準僱傭	合約正本出席簡介會。		
乙部					
根據「補充勞工計劃」 給予會。每名輸入勞入 的出席一場簡介 內出席面通 內僱主發出書面通 「補充勞工計劃」輸入	假期,讓他們在抵港之 (包括新聘及續約)必 注意,如僱主沒有在限 並由 書面通知發出日	日起計的八個星期內 >須就每份所簽訂的標 &期內安排輸入勞工出	出席由勞工處舉辦的 準合約,在上述限期 席簡介會,勞工處會		
期舉行的簡介會。如写 工報名出席於其他日其 □ 本人/本公司知悉須遵	□ 如這次簡介會額滿,本人/本公司同意按勞工處於丙部的通知,安排甲部的勞工出席於另一日期舉行的簡介會。如甲部的勞工未能出席該簡介會,本人/本公司明白有責任主動再為該等勞工報名出席於其他日期舉行簡介會,以遵守上述規定。□ 本人/本公司知悉須遵守上述規定,以及明白違反有關規定可能招致的後果,惟不會安排勞工出席這次簡介會/不同意勞工處安排勞工出席於另一日期舉行的簡介會。原因如下:				
請在合適方格內加上 ✓ 號。					
公司印章及代表簽署: _		公司名稱: _			
公司代表姓名: _		聯絡電話:			
日期:		傳真號碼:			
 在適當情況下,本處 公司代表有權要求查 	請注意: 4. 本回條所收集的個人資料將會用於安排輸入勞工簡介會,與及執行補充勞工計劃有關的合法用途。 5. 在適當情況下,本處會將收集的資料轉交勞工處其他科別,以作上述(1)段的用途。 6. 公司代表有權要求查閱及更改其提供個人資料。如有需要,可與補充勞工科個人資料私隱主任聯絡。 地址: 九龍長沙灣道 303 號長沙灣政府合署 9 樓 929 室 電話: 2150 6363				
	上 胡 - 5 丛 - 7	- 唐 培 宙			

丙部		此欄由勞工處填寫	
	應	乙部的要求,本處現安排甲部所有輸入勞工出席以下日期及地點舉行的簡介會	•
地點:			
日期:		時間:	

To: Supplementary Labour Division, Labour Department Tel. no.: 2150 6324 / 2150 6334

Fax no.: 2542 2742

Briefing Venue: Room 929, 9/F, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon

Enrolment Form - Briefing for Imported Workers under the Supplementary Labour Scheme

Part A							
(Please use separate page if the space is insufficient)							
* Date of Briefing and Language							
Name		Cantonese	Cantonese Putonghua Cantonese Cantonese				
		(11am - 12:30pm)		m - 3:30pm)		m - 5pm)	
		(114111 - 12.30)111)	(2p)	.ii - 3.30piii)	(3.30р	III - Spiii)	
* Please tick	as appropriate.	Please remind your worker(•		, , ,	
Part B		Identity Card and Standard	Етріоутє	nt Contract to att	tena the above	e briejing.	
(SLS), emplo contracts rene weeks upon t refuse SLS a	oyers are required to get ewed) for attending a their arrival in Hong	Standard Employment Contract grant paid leave to each imported a briefing, on the basis of <u>each</u> Kong. Please note that the Labed by employers failing to com	d worker (ir SEC signed oour Departi	cluding new recrui , organised by the nent will issue a w	ts and those wi Labour Depart ritten notice to	th employment ment within 8 employers and	
Depa such	rtment to assign wo briefing, I / our con	ption, I / our company agre orker(s) in Part A to attend a b inpany acknowledge(s) the res is in order to comply with the r	riefing on a	another date. If to enroll the wor	the worker(s)	cannot attend	
sessio	on / disagree(s) that	npliance. Yet, I / our comp the worker(s) be assigned to a				I the briefing	
Please tick i	in the appropriate bo	OX.					
Co. chop & s	signature of rep.:		Name o	of Company: _			
Name of repr	resentative:		Contac	Number:			
Date:	-		Fax Nu	mber:			
Scheme andWhere approRepresentationOfficer of Su	other legitimate use rela opriate, the data will be t ve named in this form applementary Labour Di	dected for the purpose of arranging butting to the enforcement of the schemaransferred to other divisions of Laborator that the right to request access to vision may be contacted in case of note a Wan Government Offices, 303 Chamaran Cha	ne. our Department and correction eed.	nt for the purpose men	ntioned in (1) abo	ove.	
Part C		To be completed by the	Labour D	epartment			
I	As per the request ir	n Part B, all worker(s) in Part	A is / are a	ssigned to attend	the briefing be	elow:	
Venue:							
Date:			Time:				

致: 勞工處補充勞工科 電話: 2150 6324 / 2150 6334

傳真號碼: 2542 2742

簡介會地址:九龍長沙灣道 303 號長沙灣政府合署 9 樓 929 室

「補充勞工計劃」輸入勞工簡介會報名表格

甲部

· 本人/本公司會安排下列勞工出席簡介會(如有需要,請自行加頁寫上勞工的資料。)					
	* 簡介會日期及語言				
姓名	20.1.2022 (星期四)				
7270	英文	普通話	廣東話		
	(11am - 12:30pm)	(2pm - 3:30pm)	(3:30pm - 5pm)		
* 請在適當位置加上 ✓ 號。	請提醒輸入勞工須帶同份	他們的身份證及標準僱傭	合約正本出席簡介會。		
乙部					
根據「補充勞工計劃」 網索不勞所之 一 一 一 一 一 一 一 一 一 一 一 一 一	出席由勞工處舉辦的 準合約,在上述限期 席簡介會,勞工處會 絕審理有關僱主根據				
□ 本人/本公司知悉須遵 出席這次簡介會/不同	守上述規定,以及明白主意勞工處安排勞工出席が 意勞工處安排勞工出席が				
請在合適方格內加上 ✓ 號。					
公司印章及代表簽署: _		公司名稱: _			
公司代表姓名: _		聯絡電話:			
日期:		傳真號碼:			
3. 公司代表有權要求查	資料將會用於安排輸入勞工戶 會將收集的資料轉交勞工處 閱及更改其提供個人資料。 少灣道 303 號長沙灣政府合署	其他科别,以作上述(1)段的) 如有需要,可與補充勞工科個	用途。		

丙部		此欄由勞工處填寫	
	應	乙部的要求,本處現安排甲部所有輸入勞工出席以下日期及地點舉行的簡介會	0
地點:			
日期:		時間:	

To: Supplementary Labour Division, Labour Department Tel. no.: 2150 6324 / 2150 6334

Fax no.: 2542 2742

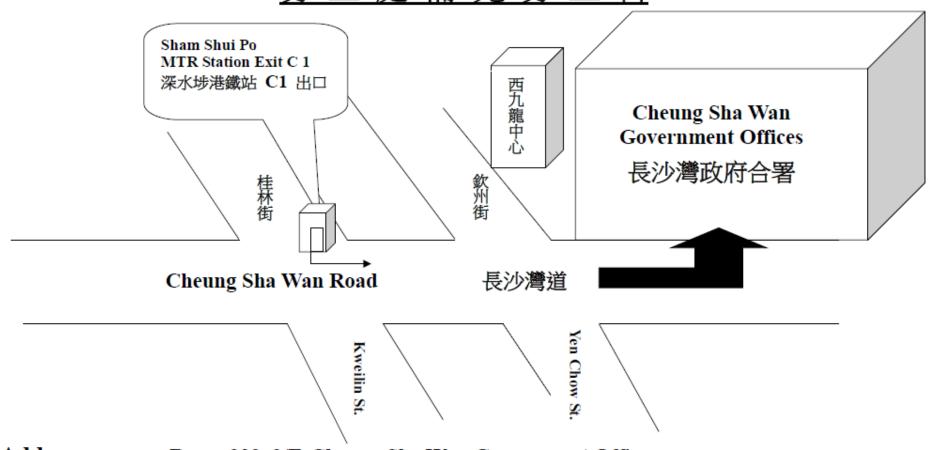
Briefing Venue: Room 929, 9/F, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon

Enrolment Form - Briefing for Imported Workers under the Supplementary Labour Scheme

Part A I / Our company	ny will arrange the following w (Please use separate page if the	* /	ig session.		
	*]	Date of Briefing and Langua	ige		
Name	20.1.2022 (Thursday)				
rume	English (11am - 12:30pm)	Putonghua (2pm - 3:30pm)	Cantonese (3:30pm - 5pm)		
Please tick as appropriate.	Please remind your worker(s Identity Card and Standard				
Part B	Tuentity Cura and Standard				
weeks upon their arrival in Hongrefuse SLS applications submitties date of the written notice. In case of over-subscription Department to assign we such briefing, I / our control to briefing on other date. I / Our company know consequence of non-control to the submitted in th	ription, I / our company agreed or acknowledge (s) in Part A to attend a become as in order to comply with the respect to the obligation to comply with the worker(s) be assigned to a second to the obligation to comply with the worker(s) be assigned to a second to the obligation to comply with the worker(s) be assigned to a second to the obligation to comply with the worker(s) be assigned to a second to the obligation to comply with the worker(s) be assigned to a second to the obligation to comply with the worker(s) be assigned to a second to the obligation to comply with the worker(s) be assigned to a second to the obligation to comply with the worker(s) be assigned to a second to the obligation to comply with the worker(s) and the obligation to comply with the oblig	e(s) to follow the notice in riefing on another date. If sponsibility to enroll the workequirement stated above.	n Part C from the Labour the worker(s) cannot attend rker(s) again for attendance above and understand(s) the er(s) to attend the briefing		
Please tick in the appropriate	box.				
Co. chop & signature of rep.:		Name of Company:			
Name of representative:		Contact Number:			
Date:		Fax Number:			
Scheme and other legitimate use in 2. Where appropriate, the data will be 3. Representative named in this form Officer of Supplementary Labour I	collected for the purpose of arranging relating to the enforcement of the sche e transferred to other divisions of Labon have the right to request access to Division may be contacted in case of no Sha Wan Government Offices, 303 Ch	me. our Department for the purpose mention and correction of the personal dated.	ntioned in (1) above.		
Part C	To be completed by the	Labour Department			
As per the request	in Part B, all worker(s) in Part	A is / are assigned to attend	the briefing below:		
Venue:					
Date:		Time:			

Supplementary Labour Division, Labour Department

勞工處補充勞工科



Address : Room 929, 9/F, Cheung Sha Wan Government Offices

303 Cheung Sha Wan Road, Kowloon.

(near Exit C1, Sham Shui Po MTR Station)

地址 : 九龍長沙灣道 303 號長沙灣政府合署 9 樓 929 室

(近深水埗港鐵站 C1 出口)