填妥此表格後，請電郵: mail.qhna@qhs.com.hk 或傳真 2951-6239 或 WhatsApp 5505-9983 / 9172-9062 傳送到卓健護理介紹所，我們將會安排您預約登記。

Please fill in this form and return to QHNA by email : mail.qhna@qhs.com.hk or fax 2951-6239 or WhatsApp 5505-9983 / 9172-9062. We will invite you to our office for interview.

If you have any enquiry, please call Ms Ma 2975-2392 or Ms Lam 2975-2646.

Remarks: You could fill in the form with Adobe Reader

Quality HealthCare Nursing Agency Limited 卓健護理介紹所有限公司
香港觀塘海濱道 77 號海濱匯第 1 座 6 樓
6/F., Tower 1, The Quayside, 77 Hoi Bun Road, Kwun Tong, Hong Kong
Service Hotline 服務熱線: 2975 2391 Fax 傳真:2851 6239
E-mail: mail.qhna@qhs.com.hk Website 網地址: www.qhms.com

ISO 9001 : 2015
Certificate No.: CC 3990

Quality卓健 HealthCare
Nursing Agency 護理介紹所

REGISTRATION FORM

FOR
HEALTHCARE PROFESSIONALS PLACEMENT

AS INDEPENDENT CONTRACTORS

To register your availability for nurse / care assistant placement as an independent contractor, please carefully read and complete the enclosed documents including:

(1) Registration Form (pages 2 - 5)

(2) Independent Contractor's Placement Agreement (pages 6 - 9)

Quality 卓健 HealthCare
Nursing Agency 護理介紹所

1. PLEASE COMPLETE & RETURN THIS FORM AFTER READING THE ATTACHED "SERVICE STANDARDS OF INDEPENDENT CONTRACTORS" &
2. PLEASE RETAIN A COPY OF THE ATTACHED "INDEPENDENT CONTRACTOR'S PLACEMENT AGREEMENT"

PERSONAL DETAILS

Please ☑ **Rank**

☐ Registered Nurse ☐ Enrolled Nurse ☐ Chinese Trained Nurse ☐ Care Related Support Worker

☐ Health Care Assistant ☐ Health Worker ☐ Personal Care Worker ☐ Care Worker

☐ Others : Describe _____

Surname (Chinese)：		Surname (English)：	
First Name (Chinese)：		First Name (English)：	
HKID Card No. :			
Address :			
Home Phone :			
Pager / Mobile :			
E-mail Address :			
Place of Birth :			
Date of Birth:			
Age :			
Nationality:			
Sex:			
Height (cm)：			
Weight (kg)：			
3M N95 Mask Model :	☐ 1860s ☐1860 ☐1870+ other:		

Have you ever been professionally diagnosed with any Physical or Psychiatric illness?		If yes, describe:	
Marital Status ：			
Children (no. and age)			
Do you have a criminal record?	No □ Yes □	If yes, describe:	
Do you have a sexual conviction record?	No □ Yes □	If yes, describe:	
Languages: *Cantonese*	Spoken: Little □ Fair □ Good □ Written: Little □ Fair □ Good □		
Languages: *English*	Spoken: Little □ Fair □ Good □ Written: Little □ Fair □ Good □		
Languages: *Mandarin*	Spoken: Little □ Fair □ Good □ Written: Little □ Fair □ Good □		
Are you a member of any other nursing agency?	No □ Yes □	If yes, please give the name.	
How did you hear of QHNA?	Advertising □ Friend □ Hospital □ Website □	Others : Describe:	

PROFESSIONAL QUALIFICATIONS

Graduation Hospital / School / Institution Name	Date	Qualification	Reg. No.

FOR RECEIVING SERVICE FEE

Receiving Service Fee Account	Bank Name	Bank Account Owner	Bank A/C no.

Quality 卓健 HealthCare
Nursing Agency 護理介紹所

REFERENCES / JOB EXPERIENCE

Referee's name		Tel no.	
Emergency contact person		Tel no.	

Work experience (including inland and Hong Kong)	Location (hospital/company and address)	From(month/year) to (month/year)	Position
A & E			
Medical			
Surgical			
Orthopaedic			
Paediatric			
Renal			
Obstetric			
Oncology			
ICU			
Paediatric ICU			
Elderly Care			
Psychiatric			
Endoscopy			
Theatre			
Mentally Retarded			
Teaching			
Others (Describe)			

Special stills (Please tick)	IV Insertion	☐	Ventilator	☐
	Blood taking	☐	BiPAP	☐
	Haemodialysis	☐	Peritoneal dialysis	☐
	BLS/ACLS Cert	☐		

Vaccination and Medical Checkup Record

Quality卓健 HealthCare
Nursing Agency 護理介紹所

Independent Contractor shall promptly submit copies of all the examination / test results / vaccination records as required. **If there are any changes, please inform Quality Healthcare Nursing Agency to update your record.**

X-ray Examination	Please ☑ if appropriate		Remarks / Date / Record
	Yes	No	
No more than one year before the duty starts			

Vaccination Record	Please ☑ if appropriate		Remarks / Date / Record
	Yes	No	
Hepatitis B Vaccine			
MMR (Measles, Mumps & Rubella) Vaccine			
Chickenpox Vaccine			
Other Test (pls specify):			

Vaccination Suggestion:	Dose
Hepatitis B status if negative please have:	□ Primary course: THREE shots (0-1-6) □ Booster dose: Hepatitis B Vaccination or □ Booster course: THREE shots (0-1-2)
MMR (Measles, Mumps & Rubella) if not vaccinated please have:	□ 2 shots for those without any MMR vaccination before given at 0,1 month首次接種MMR □ 1 shot for those who have received 1 dose of MMR before
Chickenpox status if negative please have:	□ 2 Shots (0-2) if Varicella Zoster Virus IgG is negative □ Booster dose: 1 shot for workers in high risk ward e.g. Paediatrics, Obstetrics & Gynaecology, Haematology, Oncology, Bone marrow transplants Infectious disease Unit / Isolation Ward, Department of Accident and Emergency

"I hereby give my consent to Quality HealthCare Nursing Agency Limited ("QHNA") to access and transfer to the Hospital Authority or any third party my medical information supplied herein as QHNA may in its absolute discretion deem necessary and for such purposes as QHNA may deem fit."

Signature:

_____

Nurse/Carer Name:
Date: