



病人諮詢小組 Patient Advisory Group

申請表格 Application Form

歡迎您申請加入播道醫院病人諮詢小組！這小組提供平台讓病人就醫院服務表達意見，以強化醫護人員與病人之間的雙向溝通渠道，讓病人在醫院的服務檢討中有更大的參與。詳情請參閱【病人諮詢小組職權範圍】文件，並將填妥之表格電郵至 mkt@evanhosp.org.hk。本院會成立評選小組處理有關申請表。謝謝。

Welcome to apply for joining the Patient Advisory Group at Evangel Hospital! This is a platform for patients to express their opinions and establish a formal two-way communication channel between healthcare professionals and patients, allowing patients to have greater participation in the Hospital's service review process. Please refer to the [Terms of Reference of Patient Advisory Group], fill out and submit this application form to mkt@evanhosp.org.hk. The applications will be reviewed through a selection panel. For queries, please feel free to contact us at info@evanhosp.org.hk. Thank you.

姓名 Name	
電話號碼 Phone No.	
住宅地址 Home Address	
電郵地址 Email Address	
年齡 Age	<input type="checkbox"/> 18-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> 71-80 <input type="checkbox"/> >80
職業 Occupation	<input type="checkbox"/> Admin/Management 行政/管理 <input type="checkbox"/> Building 建築 <input type="checkbox"/> Education 教育 <input type="checkbox"/> Engineering 工程 <input type="checkbox"/> Finance 財務 <input type="checkbox"/> Healthcare 醫療保健 <input type="checkbox"/> Hospitality 酒店業 <input type="checkbox"/> Information Technology 資訊科技 <input type="checkbox"/> Marketing 市場推廣 <input type="checkbox"/> Legal Service 法律服務 <input type="checkbox"/> Public/Civil 公共/政府 <input type="checkbox"/> Others 其他 (請註明 Please specify):
宗教 Religion	基督教 Christianity : <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 受浸日期 Baptism Date : 所屬教會 Church Attended :

- 本人於過去三年內至少使用過一次本院服務 I have used the Hospital's services at least once in the past three years : 是 Yes 否 No
- 您為何希望加入諮詢小組呢？ Why are you interested in joining the advisory group?

3. 可參與小組會議的時間 Availability for group meetings :
平日的 Weekdays : 全日 Whole Day 日間 Daytime 晚間 Evening

4. 本人曾經使用過的本院的服務 Previously utilized hospital services :
 門診 Outpatient 住院 Hospitalization 放射診斷 Radiology
 物理治療 Physiotherapy 化驗 Laboratory 藥房 Pharmacy
 營養 Dietary 牙科 Dental 心理輔導 Psychological Counselling
 中醫 Chinese Medicine 視光 Optometry 其他 Others: _____

5. 使用播道醫院服務的總年期 Years of Using services at Evangel Hospital :
 一年內 Within 1 year 二至五年 2-5 years
 五至十年 5-10 years 十年以上 Over 10 years

6. 您過去使用本院服務的經驗如何? 有何深刻印象? How was your experience using the services at our Hospital in the past? What impressed you the most?

7. 諮詢人 Referee (如有 if applicable)
姓名 Name _____ (電話 Phone No.: _____)

《收集個人資料聲明 Personal Information Collection Statement》

- 我們所收集及持有關於你的個人資料的記錄，只會用作播道醫院內部使用。We endeavor to preserve, protect, and keep confidential of all Personal Data stored, collected from you are for Evangel Hospital internal use only.
- 在未徵得你事先同意前，我們不會向其他人士或機構披露所收集關於你的資料。Unless with prior consent, personal data collected from you will not be disclosed to any third party or institutions.
- 你有權查閱及更正我們所持關於你的個人資料。You may at any time request access to and correct personal data relating to you in any of our records.
- 如有需要，請聯絡本院企業傳訊及業務推廣部 WhatsApp : 9492 7884 / 電話: 2751 1978。
The person to whom requests general questions and complaints, please call our Corporate Communication & Marketing Department at 2751 1978 or via WhatsApp at 9492 7884.

《私隱政策聲明 Privacy Policy Statement》

我們承諾遵守《個人資料(私隱)條例》下有關管理個人資料的規定，保障我們所持有的個人資料的私隱、保密性及安全。Evangel Hospital respects personal data privacy and committed to complying with the requirements of the Personal Data (Privacy) Ordinance ("PDPO"). In doing so, Evangel Hospital will strive to ensure compliance by our staff with the strictest standards of security and confidentiality.