



理念 Objectives

| | |
|-----------------------|--|
| 1. 表揚傷殘人士的貢獻及努力 | 1. To appreciate the contributions and efforts of persons with disabilities |
| 2. 增添傷殘人士對公開就業的信心 | 2. To heighten the confidence of persons with disabilities towards open employment |
| 3. 促進社會人士對傷殘人士工作能力的認同 | 3. To promote the recognition of the work capabilities of persons with disabilities from the society |
| 4. 鼓勵僱主聘用傷殘人士 | 4. To encourage employers to employ persons with disabilities |
| 5. 消除歧視，推動傷健共融、平等就業 | 5. To eliminate discrimination, promote harmony and equal opportunity |

選舉時間表 Election Schedule

提名截止日期 Deadline for Nomination

2025 年 3 月 1 日 下午五時正 (郵戳所示日期須在 2025 年 3 月 1 日為準)

1st March 2025 5:00 p.m. (Post mark no later than 1st March 2025)

提名表格遞交方式 Submission Method

郵寄地址：九龍尖沙咀柯士甸道西 1 號漾日居(圓方商場社區設施) 1 樓 102 室

Mailing Address: Unit 102, 1/F, The Waterfront, 1 Austin Road West, Tsim Sha Tsui, KLN

面試日期 Interview Date

2025 年 3 月 29 日

29th March 2025

頒獎禮日期 Award Presentation Date

2025 年 4 月 26 日

26th April 2025

候選人資格 Eligibility for Nominees

凡於 2024 年內年滿 18 歲或以上的在職傷殘人士，不論是僱員(包括兼職在內)，自僱人士或企業家，均可參選。凡經由醫生證明，或持有社會福利署簽發的傷殘證明的人士，均屬傷殘人士。若沒有相關證明則由評審團作最後決定。以往曾獲取在職達人選舉之得獎者，不能重覆參選，曾報名參選但未曾獲取在職達人獎項者，可再次報名參加。

Any person with disability/disabilities aged 18 or above by 2024 and is currently employed (part time/full time inclusive), self-employed or running his/her own business qualify to be nominated. Those who are certified to be persons with disabilities by the Social Welfare Department/medical doctor are deemed to be a person with disability/ disabilities. Those who do not have such certificate would need ratification by the judging panel as persons with disability/disabilities. Awardees of past HKRP Life Driver Election do not qualify to enroll for the election. Those who enrolled but not awarded in the past can enroll for the election.

提名人資格 Eligibility for Nominators

凡於 2024 年內年滿 18 歲或以上人士，可以個人名義或任何公司或機構名義作提名人。每位提名人的提名數量不限(可多於 1 人)，但不接受自我提名。

Anyone aged 18 or above by 2024 may nominate as a corporate or organization. There is no limit to the number of nominations by any one nominator. Self-nomination is not accepted.

評審過程 Selection Procedures

由甄選顧問“德勤會計師事務所”先進行候選人資料審核及甄選，然後評選團與候選人作甄選會面，選出得獎名單。

Initial screening will be conducted by the selection consultant “Deloitte” to shortlist nominees for selection interview. The shortlisted nominees will be invited to attend the selection interview. The judging panel will finalize a list of successful nominees.



評審準則 Selection Criteria

| | |
|--|---|
| 表現勇敢，具克服工作和生活障礙的能力和決心，擁有成為其它人楷模條件的傷健人士 | A distinguished person with disability/disabilities who demonstrates positive attitude towards life, courageous and has overcome life adversities and challenge |
| 為在職人士、自願人士或企業家，擁有作為榜樣的條件 | Currently employed, Self-Employed or Entrepreneur who qualifies be a role model |
| 主動關心別人，願意克盡己任貢獻社會 | A caring member of the community |
| 具使命感，樂意向社會大眾宣揚有關傷殘人士的正面訊息 | Missioned to advocate for persons with disabilities |

重要事項 Important Notice

所提供的資料及附件，如有任何遺漏、不全或不實，均可能影響候選人的參選資格。

Information in the nomination form as well as all required supporting documents must be completed and prove to be valid and true. Failure to do so may affect the nomination.

請隨提名表格附上有關文件或資料複本，以作證明。所有提交的資料及附件，恕不退還。

Copies of required supporting documents must be submitted with the nomination form. These documents will not be returned.

所提供的個人資料將予保密，並只供作此選舉活動有關的用途。資料保留期滿後，所有資料將會被銷毀。

All personal information collected will be kept confidential and will be used solely for the purpose of this election process. Thereafter, the documents will be disposed of.

香港復康力量簡介 Introduction to Hong Kong Rehabilitation Power

香港復康力量乃由九位傷殘的專業人士於 1995 年成立的慈善復康服務機構，主要服務對象為肢體傷殘人士、長期病患者及精神病康復者。本會的使命是激勵殘疾人士發展，協助他們積極就業，融入社會，活出豐盛喜悅的人生，並促進復康政策改善，令香港發展成無障礙城市。本會開辦的「殘疾人士就業培訓中心」專責為殘疾人士提供職業培訓與實習機會。現時，本會職員中，亦有半數為殘疾人士。

Hong Kong Rehabilitation Power (HKRP) was founded by a group of dedicated disabled professionals in 1995. HKRP is a non-profit charitable rehabilitation organization strives to advance the welfare of handicapped persons, individuals with chronic illnesses and the ex-mentally ill people. HKRP is now serving over two thousand people in Hong Kong.

本會的理念：推動傷健共融，締造平等機會。

Our Vision : Promote social integration of people with and without disabilities and create equal opportunities.

本會的使命：激勵殘疾人士發展，培訓殘疾人士，建立正向思維，推動社企發展，鼓勵自力更生。

Our Mission : Empower individuals with disabilities to achieve economic self-sufficiency, independent living, inclusion and integration into all aspects of society.



提名表格 Nomination Form

只須一位提名人填寫表格。其他提名人只需遞交推薦信而無需填寫提名表格。 Only one nominator needs to fill out the Nomination Form needs to be completed by ONE nominator. Other supporting nominators are only required to submit a reference letter in support of the nominee.

如有需要請用另頁填寫，清楚列明附件次序。不完整的提名表格將不獲處理。 If there is insufficient space, please give Extra pages submitted should be properly numbered and attached to the Nomination Form. Incomplete nomination will not be considered.

第一部分 PART I: (由參選人填寫 To be filled by nominee)

參選人資料 PERSONAL PARTICULARS OF NOMINEE

稱謂 先生 Mr. 小姐/女士 Ms.

英文姓名 English Name: _____ 中文姓名 Chinese Name: _____

出生年份 Year of Birth: _____ 日間電話 Daytime Tel No.: _____

手提電話 Mobile No.: _____ 傳真號碼 Fax No.: _____

電郵地址 Email Address: _____

通訊地址 Correspondence Address: _____

傷殘類別 Type of Disability: _____ 傷殘年期 Duration of Disability: _____

身份證 / 旅遊證件號碼 HKID Card / Passport No.: _____

本人正領取社會保障或福利? (如傷殘津貼) Are you obtaining any kinds of social security or welfare services?

是 Yes _____ (請註明 Please specify) 否 No

甄選面試選用之語言 Preferred language used during interview:

英語 English 廣東話 Cantonese 普通話 Putonghua

職業資料 OCCUPATION INFORMATION

現職機構名稱 Name of Present Company: _____

現任職位 Position: _____ 業務性質 Nature of Business: _____

任職/經營年期 Years of services: _____

僱員 Employee 自僱人士 Self-Employed 企業家 Entrepreneur

| 曾任職機構名稱 Name of Previous Employer | 曾任職位 Position/ Title | 任職時期(月月/年年至月月/年年) Period: (From MM/YY to MM/YY) |
|--------------------------------------|-------------------------|--|
| | | |
| | | |
| | | |
| | | |

簡述曾參與社會服務的資料 Involvement in Community and Volunteer Services:

| 機構名稱 Name of Organization | 職責 Position Responsibility | 時期(月月/年年至月月/年年) Period: (From MM/YY to MM/YY) |
|---------------------------|----------------------------|--|
| | | |
| | | |



「香港復康力量在職達人」使命及義務職責 “HKRP Life Driver” Missions and Obligations

參選入必須清楚明白，一旦當選為「香港復康力量在職達人」，必須履行其使命及義務職責。

使命:

應屆「香港復康力量在職達人」當選者必須履行使命，激勵殘疾人士發展並致力宣傳本會理念：推動傷健共融，締造平等機會。

義務:

應屆「香港復康力量在職達人」當選者必須在一年內(由頒獎日起計)履行職責，義務代表本會出席分享最少一次宣傳活動。

Successful candidates must fulfill their missions and obligations as “HKRP Life Driver”.

Missions:

The successful candidates of the "HKRP Life Driver Election" pledge to promote the missions of empowering people with disabilities and to develop and promote the inclusion of the disabled as well as equal opportunities.

Obligations:

The successful candidates of the "HKRP Life Driver Election" must perform their duties within one year (from the award date) and attend and share at least one time in promotional event on behalf of Hong Kong Rehabilitation Power.

參選入聲明 NOMINEE'S DECLARATION

本人願意被提名參加「第 12 屆香港復康力量在職達人選舉」並同意遵守一切選舉規則。本人謹此聲明提名表格及其他所提供的資料真確無訛。本人同意甄選顧問及評選團對本人之資料作審核及向諮詢人或有關機構查詢。如初步獲選，本人將出席評審面試。本人同意主辦機構及評審團所作之一切為最後裁決。如成功獲選，本人同意將結果保密至正式公佈選舉結果之頒獎典禮。本人將出席在職達人的頒獎典禮，以及有關的公開活動。並願意接受經本會認可的傳媒訪問。本人同意所提交的資料，將無條件授權主辦機構予以文字、影音或其他形式公開發表。

I, hereby, agree to be nominated for the “12th HKRP Life Driver Election” and agree to the election rules. I attest to all the facts in this nomination form and supporting documents. I agree that the Selection Consultant and Judging Panel may verify the information and conduct reference check with my referees and other parties concerned. I will attend the selection interview if I successfully pass the initial screening. I agree that all decisions made by the organizer and judging panel are final. I agree to keep the results confidential until the official announcement at the award presentation ceremony. I will attend all the interviews and award presentation ceremony arranged by the organizer. I agree that all the documents submitted, with regard to this application, in whatsoever format, are the copyrights of the organizer.

參選入簽署 Signature of Nominee: _____

日期 Date: _____



第二部分 PART II: (由提名人填寫 To be filled by nominator)

提名人資料 PERSONAL PARTICULARS OF NOMINATOR

個人提名 Individual Nomination 公司/機構提名 Corporation Organization Nomination

稱謂: 先生 Mr. 小姐/女士 Ms.

英文姓名 English Name: _____ 中文姓名 Chinese Name: _____

手提電話 Mobile No.: _____ 日間電話 Daytime Tel No.: _____

傳真號碼 Fax No.: _____

電郵地址 _____

Email Address: _____

通訊地址 _____

Correspondence Address: _____

與候選人關係 _____ 與候選人認識時間 _____

Relationship with Nominee _____ Duration of Acquaintance _____

提名原因 REASONS FOR NOMINATION:

可另頁書寫以不多於 500 字闡述對參選人的提名原因。可附上照片、剪報及其他相關資料（如以影像短片，請以網絡連結，如 YouTube 連結遞交）。Please clearly explain reasons for nomination in not more than 500 words above or on a separate sheet. Attachments will photos, news clipping and related information are welcomed (Please clearly mark supporting document(s) and provide us with an internet link (such as YouTube) if applicable).

請詳述提名原因，包括：Please clearly explain the reasons of nomination, and include:

- ◇ 簡述您為何認為參選人能成為在「職」達人？
Briefly describe why you nominate the nominee to be the Life Driver.
- ◇ 參選人在職場上擔任的角色，及作出的貢獻是？
Nominee's role during employment, and his/her contributions?
- ◇ 你認為參選人有那方面的表現值得嘉許/學習？（例如：正面價值觀，積極思想，個人品格。）
Which aspects of the candidate's performance do you recognize? (e.g. positive values, positive thinking, personality)

提名人聲明 DECLARATION OF NOMINATOR

本人謹此聲明提名表格及其他所提供的資料真確無訛。本人同意主辦機構及評審團所作之一切為最後裁決。I, hereby, attest to all the facts in this nomination form and supporting documents. I agree that all decisions made by the Organizer and Judging Panel are final.

提名人簽署 Signature of Nominator: _____ 日期: _____