

To : Secretary of the Occupational Therapists Board  
致 : 職業治療師管理委員會秘書

Form (A)  
表格(A)

Page 1 (第一頁)

**Change in Correspondence Address 更改通訊地址**

☞ Please note that my correspondence address in both English and Chinese has been changed as follows –  
請注意我的中英文通訊地址已更改如下：

<b>English Address (completed in block letters) :</b>
<b>中文地址 (以正楷填寫) :</b>

**Note :** Under section 11 of the Supplementary Medical Professions Ordinance, a list of the names, addresses, qualifications and dates of the qualifications of all persons whose names appear on the register has to be published annually in the Government of the Hong Kong Special Administrative Region Gazette. **The correspondence address that you provided (which can be the practising address, the residential address, a Post Office Box number, etc.) will appear in the Gazette and on the relevant Government website where the e-Gazette is published.** The names and the registration numbers of registrants will also be posted on the website of the Occupational Therapists Board (<http://www.smp-council.org.hk/ot/index.html>). The main purpose of publishing such information is to protect the public by creating a public record of persons who are registered as occupational therapists and are entitled to practise the profession in Hong Kong.

**注意 :** 根據《輔助醫療業條例》第 11 條，載有姓名列於註冊名冊內的全部人的姓名、地址、資格及獲得資格的日期的名單須每年於香港特別行政區政府憲報刊登。你所提供的通訊地址（可以是執業地址、住宅地址、郵政信箱號碼等）將出現於憲報及載有電子憲報的有關政府網頁。註冊人士的姓名及註冊編號亦會被存放於職業治療師管理委員會的網址 (<http://www.smp-council.org.hk/ot/index.html>)。刊登這些資料的目的是建立一個可於香港執業的註冊職業治療師的公開記錄，以保障公眾。

<b>Signature :</b> 簽署	_____	<b>Registration No. :</b> 註冊編號	_____
<b>Name :</b> 姓名	_____	<b>Contact Tel. No. :</b> 電話號碼	_____
<b>Date :</b> 日期	_____		

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**(Optional)** To facilitate communication, I hereby voluntarily provide the following contact information to the Board  
[可選擇填寫] 為方便溝通，我願意向委員會提供下列聯絡方法

Email (電郵地址) : \_\_\_\_\_

Please return the completed form to the Central Registration Office at 17/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong or fax it back at 2891 7946.  
請將已填妥的表格交回中央註冊室，地址是香港灣仔皇后大道東 213 號胡忠大廈 17 樓，或傳真至 2891 7946。

To : Secretary of the Occupational Therapists Board  
致 : 職業治療師管理委員會秘書

Form (A)  
表格(A)

**Change in / Addition of Practising Address 更改 / 增加執業地址**

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- ☞ # I have changed my practising address(es) as follows / I have the following additional practising address(es) –  
# 我的執業地址已更改如下 / 我有下列的新增的執業地址 :

<b>(1) English Address (completed in block letters):</b>	<b>(2) English Address (completed in block letters):</b>
中文地址 (以正楷填寫):	中文地址 (以正楷填寫):
<b>(3) English Address (completed in block letters):</b>	<b>(4) English Address (completed in block letters):</b>
中文地址 (以正楷填寫):	中文地址 (以正楷填寫):

(Please use separate sheets if the above spaces are not enough. 如上述空間不敷使用，請另加附頁。)

**Note :** Under section 14(5) of the Supplementary Medical Professions Ordinance, every person registered shall report to the secretary of the board (a) every address at which he practises his profession; and (b) any change to the address referred in (a) within 2 months of such change. Failing to make a report according to the above provisions without reasonable excuse commits an offence.

**注意 :** 根據《輔助醫療業條例》第 14(5) 條，註冊人士均須向有關委員會秘書申報 (a) 他從事其專業的每一處地址；及 (b) 就 (a) 所述的任何地址有所更改時，在更改地址後 2 個月內向秘書申報。無合理辯解而不按上述條例作出申報，即屬犯罪。

**Signature :** \_\_\_\_\_  
簽署  
**Name :** \_\_\_\_\_  
姓名  
**Date :** \_\_\_\_\_  
日期

**Registration No. :** \_\_\_\_\_  
註冊編號  
**Contact Tel. No. :** \_\_\_\_\_  
電話號碼

Please return the completed form to the Central Registration Office at 17/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong or fax it back at 2891 7946.

請將已填妥的表格交回中央註冊室，地址是香港灣仔皇后大道東 213 號胡忠大廈 17 樓，或傳真至 2891 7946。

# Please delete as appropriate. 請刪去不適用部份。