



## 復康器材捐贈表

### Rehabilitation Equipment Donation Form

捐贈者資料 Donor's Information			日期 Date: _____	
姓名 Name :				
電話 Tel :	傳真 Fax :	電郵 Email :		
地址 Address :				
機構名稱 (如有) Name of Organisation (If any) :				
商業登記証號碼 (如有) Business Registration Number (if any) :				
職位 Post :	機構電話 Tel :			
捐贈器材資料 Rehabilitation Equipment Donated				
<input type="checkbox"/> 輪椅 Wheelchair	<input type="checkbox"/> 電動護理床 Electric Rehabilitation Bed	<input type="checkbox"/> 穿手拐杖 Elbow Crutch	<input type="checkbox"/> 手肘拐杖 Axillary Crutch	<input type="checkbox"/> 腳踏單車 Exercise Pedal Bike
<input type="checkbox"/> 電動輪椅 Electric Wheelchair	<input type="checkbox"/> 鹽水架 Drip Stand	<input type="checkbox"/> 拐杖 Walking Cane	<input type="checkbox"/> 沖涼椅 Shower Chair	<input type="checkbox"/> 助行架(有輪/無輪) Walking Aid (With/Without Wheels)
<input type="checkbox"/> 電動氣墊床 Electric Anti-decubitus Mattress	<input type="checkbox"/> 四爪拐杖 Quad Walking Cane	<input type="checkbox"/> 高背椅(有輪) Recliner Chairs with Wheels	<input type="checkbox"/> 坐墊 Cushion	<input type="checkbox"/> 沖涼便椅 Shower Commode Chair
<input type="checkbox"/> 病床餐枱 Over Bed Table	<input type="checkbox"/> 電動靠背 Electric backrest	<input type="checkbox"/> 高背托腳輪椅 High-Back Wheelchair with leg rest	<input type="checkbox"/> 傾斜式高背托腳 輪椅連便廁 Tilting High-Back Wheelchair with leg rest & toilet function	<input type="checkbox"/> 床欄 Bed Rails
<input type="checkbox"/> 防壓瘡床褥 Anti-Pressure Sore Mattress	<input type="checkbox"/> 手動靠背 NON- Electric backrest	<input type="checkbox"/> 電動吊機 Electric Patient Hoist	<input type="checkbox"/> 翻身輔助器 Turning Aid	<input type="checkbox"/> 其他 Others _____
捐贈方式 Way of Donation				
<input type="checkbox"/> 於辦公時間內把上述器材送到香港復康諮詢協會。(星期一至五: 9:30-17:30) We will deliver the equipment during office hours to Hong Kong Rehabilitation A & E Association Ltd. (HKRAEA Working hours: 9:30-17:30 on Mon-Fri)				
<input type="checkbox"/> (暫停)相約上門回收上述器材(如回收地址與上述不同,請註明) (Temporary unavailable) We would like HKRAEA to pick up the equipment from us. (Please specify below if the pick-up address is different from the address above.)				
回收地址 Pick-up Address: _____				

**請細閱以下須知：**

**Please read the following terms and conditions carefully：**

1. 回收之復康器材將會徹底清潔及維修。  
The collected equipment will be cleaned and repaired thoroughly.
2. 本會將保留復康器材之一切使用權，謹慎審批每個借用、轉贈及轉售申請，並要求申請者必須遞交相關文件 例如：身份證、醫生證明、綜援申請證明等等，以證明其需要是否適合使用服務，確保資源用得其所。 Hong Kong Rehabilitation A & E Association reserves all rights to the equipment. The Association will consider every application carefully to ensure the donated equipment will be lent / sold / given to the right persons in need.
3. 捐贈者的資料會絕對保密，所有資料只作捐贈器材及通訊用途。  
The donor's information will only be used for the processing of donation and communication, and will not be disclosed to the third party.
4. 如有任何查閱、更改資料或有關事宜，請與本會職員聯絡。  
If the donor would like to gain access to or amend any information, please contact our staff member.
5. 請把已填好之表格寄回、傳真或親身光臨本協會遞交。  
Please send us the completed form by post / fax / in person.

申請人簽署 Signature: \_\_\_\_\_

日期 Date: \_\_\_\_\_