

COUNCIL ON HUMAN REPRODUCTIVE TECHNOLOGY  
人類生殖科技管理局

APPLICATION FOR AIH LICENCE (RENEWAL)  
夫精人工授精牌照申請書(續期申請)

Name of Centre in English:.....  
中心名稱 (英文) :

Name of Centre in Chinese: .....  
中心名稱 (中文) :

Licence Number: .....  
牌照號碼 :

Council Reference Number 管理局參考編號 : .....  
(For official use only) (只供管理局職員填寫)

The completed form should be returned together with supporting documentation and the application fee of HK\$895 to:  
填妥的申請書須連同證明文件及申請費用港幣 895 元交回 :

By Post 郵寄  
Council on Human Reproductive Technology  
Room 58, 17/F, Wu Chung House  
213 Queen's Road East  
Wanchai  
Hong Kong  
香港灣仔  
皇后大道東 213 號  
胡忠大廈 17 樓 58 室  
人類生殖科技管理局

By e-mail 電郵  
hrtc@dh.gov.hk

Payment of application fee should be made by a crossed cheque or e-chque (made payable to "The Government of the Hong Kong Special Administrative Region" or "The Government of the HKSAR"), with the name of the centre written at the back of the crossed cheque. Please do not send cash by post.

申請費用須以劃線支票或電子支票支付，收款人註明「香港特別行政區政府」，並請在劃線支票背面寫上中心名稱，請勿郵寄現金。

\* For guidance on how to fill in this application form, please refer to the Guidance Notes which are at the end of this form.

\* 本申請書末頁載有填寫須知，可供參考。

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## 1. Details of Centre 中心資料

1.1 Name of centre/institution (including department) 中心/機構名稱(包括部門名稱)：

\_\_\_\_\_

1.2 Address 地址：

Correspondence address (if different):

通訊地址(如與左列資料不同)：

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1.3 Tel No. 電話號碼： \_\_\_\_\_

Tel No. 電話號碼： \_\_\_\_\_

1.4 Fax No. 傳真號碼： \_\_\_\_\_

Fax No. 傳真號碼： \_\_\_\_\_

1.5 E-mail address (if applicable):

電郵地址(如適用)：

\_\_\_\_\_

1.6 Website address (if applicable):

網址(如適用)：

\_\_\_\_\_

1.7 The premises where the artificial insemination by husband (AIH) procedures are intended to be carried out belong to the following class (please tick the appropriate box):

擬進行夫精人工授精程序的處所屬以下類別(請在適當方格加上✓號):

- (a) a clinic registered under the Medical Clinics Ordinance (Cap. 343)  
根據《診療所條例》(第 343 章)註冊的診療所
- (b) a hospital or maternity home registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165)  
根據《醫院、護養院及留產院註冊條例》(第 165 章)註冊的醫院或留產院
- (c) a public hospital as defined under section 2(1) of the Hospital Authority Ordinance (Cap. 113)  
《醫院管理局條例》(第 113 章)第 2(1)條界定的公營醫院
- (d) a private consulting room that is :  
(i) used by a registered medical practitioner in the course of his practice;  
and  
(ii) not located in premises used for residential purposes   
符合以下說明的私人診症室：  
(i) 是由註冊醫生在其執業過程中所使用；及  
(ii) 並非位於作住宅用途的處所
- (e) a medical or research laboratory that is not located in premises used for residential purposes   
並非位於作住宅用途的處所的醫務或研究實驗室

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## 2. Corporate Information 機構資料

2.1 Is the centre a Hospital Authority facility and/or a private operation? (Please tick the appropriate box)

中心是否醫院管理局轄下設施及/或私營機構？(請在適當方格加上✓號)

**Hospital Authority facility**   
醫院管理局轄下設施

**Private**   
私營機構

**Other institutions**   
其他機構

2.2 If private, please provide the following information as appropriate:

如為私營機構，請在下面提供適當資料：

### i) Limited Company 有限公司：

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Company Name 公司名稱： \_\_\_\_\_

Registration No. 註冊編號： \_\_\_\_\_

Registered Offices 註冊辦事處： \_\_\_\_\_

### ii) Partnership 合夥經營：

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Particulars of Partners 合夥人資料：

Name 姓名： \_\_\_\_\_

HKID Card / Passport No. : \_\_\_\_\_

香港身分證/護照號碼： \_\_\_\_\_

Correspondence address: \_\_\_\_\_

通訊地址： \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No. 電話號碼： \_\_\_\_\_

Fax No. 傳真號碼： \_\_\_\_\_

E-mail address (if applicable): \_\_\_\_\_

電郵地址(如適用)： \_\_\_\_\_

### iii) Sole Proprietor 獨資經營：

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Particulars of Owner 東主資料：

Name 姓名： \_\_\_\_\_

HKID Card / Passport No. : \_\_\_\_\_

香港身分證/護照號碼： \_\_\_\_\_

Correspondence address: \_\_\_\_\_

通訊地址： \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No. 電話號碼： \_\_\_\_\_

Fax No. 傳真號碼： \_\_\_\_\_

E-mail address (if applicable): \_\_\_\_\_

電郵地址(如適用)： \_\_\_\_\_

2.3 Has the ownership (or the **controlling interest**) of the centre changed in the past year?  
(Please tick the appropriate box)  
中心的擁有權(或**控制權益**)在過去一年有沒有改變？(請在適當方格加上✓號)

Yes 有  No 沒有

If yes, please give details below 如有，請在下面詳加說明：

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Please continue on a separate sheet if required. 如有需要，請另頁續寫。

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### 3. Details of Applicant 申請人資料

Name 姓名： \_\_\_\_\_ English 英文 \_\_\_\_\_ Chinese 中文 \_\_\_\_\_

Position 職位： \_\_\_\_\_

HKID Card / Passport No. : \_\_\_\_\_  
香港身分證/護照號碼： \_\_\_\_\_

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### 4. Details of Proposed Person Responsible 準負責人資料

Name 姓名： \_\_\_\_\_ English 英文 \_\_\_\_\_ Chinese 中文 \_\_\_\_\_

Position 職位： \_\_\_\_\_

HKID Card / Passport No. : \_\_\_\_\_  
香港身分證/護照號碼： \_\_\_\_\_

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### 5. Information about AIH and related services offered

所提供的夫精人工授精服務及相關服務的資料

5.1 Please give the date licensed AIH treatment was first offered at the centre:  
中心首次提供夫精人工授精服務的日期：

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5.2 Type(s) of AIH to be offered (Please tick the appropriate box(es)) :

所提供的夫精人工授精服務的種類(請在適當方格加上✓號) :

	Yes 有	No 沒有
(a) <b>Intravaginal 陰道內授精</b> involving ovarian stimulation with gonadotrophins 涉及使用促性腺激素刺激卵巢	<input type="checkbox"/>	<input type="checkbox"/>
(b) <b>Intracervical 宮頸內授精</b> involving ovarian stimulation with gonadotrophins 涉及使用促性腺激素刺激卵巢	<input type="checkbox"/>	<input type="checkbox"/>
(c) <b>Intrauterine 子宮內授精</b> involving ovarian stimulation with gonadotrophins 涉及使用促性腺激素刺激卵巢	<input type="checkbox"/>	<input type="checkbox"/>

5.3 Does the centre provide semen/ sperm storage for patients? (Please tick the appropriate box) 中心有沒有為病人提供精液/精子儲存服務? (請在適當方格加上✓號)

Yes 有  No 沒有

5.4 Will the centre use the facilities/ services of other centres, clinics or practitioners for carrying out AIH? (Please tick the appropriate box)

中心會不會使用其他中心、診所或醫生的設施/服務以施行夫精人工授精程序? (請在適當方格加上✓號)

Yes 會  No 不會

If the answer is **yes**, please provide the details of the facilities/ services and of the centres/ clinics/ practitioners who will be providing them:

如會，請就該等設施/服務及提供該等設施/服務的中心/診所/醫生提供有關詳情：

Details of facilities/ services to be used:

擬使用的設施/服務詳情：

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Name of centre/ clinic/ practitioner

providing the facilities/ services:

提供該等設施/服務的中心/診所/醫生的名稱  
或姓名：

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Address 地址：

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Tel No. 電話號碼：

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Fax No. 傳真號碼：

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E-mail address (if applicable):

電郵地址(如適用)：

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Website address (if applicable):

網址(如適用)：

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Contact person 聯絡人：

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Please continue on a separate sheet if required. 如有需要，請另頁續寫。



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## 7. Supporting Documentation 證明文件

7.1 In order to process this application it is essential that the Council be provided with a full set of the appropriate supporting documentation. Documents to be included as part of this application are listed below. Each set of documents should be labeled as an Appendix (using the appropriate designation as indicated below).

請提交所有證明文件以便管理局處理本申請。下文臚列須附於申請書的各類文件。請為每套文件標明附錄編號(按照下文所示的適當編號)。

7.2 CVs for each of the staff listed in section 6.1 (marked collectively as Appendix A). They may include:

第 6.1 段所列每位職員的履歷表(一律標明為附錄 A)，當中可包括：

Proposed Licensee 準持牌人	(b) Proposed Person(s) Responsible 準負責人	Nurse Co-ordinator 護士統籌主任
Counsellor in charge 主任輔導員		

No CVs other than those mentioned above should be submitted. All CVs should be submitted using the Council's standard form supplied.

並非上述職員的履歷表無須提交。全部履歷表須採用管理局所提供的標準表格。

Please provide a photocopy of the HKID Card/ Passport of the proposed licensee (applicable to application by individual) and the proposed person(s) responsible.

請提供準持牌人(適用於以個人名義提出的申請)及準負責人的香港身分證/護照影印本。

7.3 One copy of all information leaflets/booklets, price list, newsletters, etc. (marked collectively as Appendix B). If booklets are published, please submit 5 copies.

資料單張/小冊子、收費表及通訊等整套資料一份(一律標明為附錄 B)。如有印刷小冊子，請提交五份。

7.4 One complete set of all consent forms used by the centre (marked collectively as Appendix C).

中心所用全部同意書的整套資料一份(一律標明為附錄 C)。

7.5 One complete set of all treatment record forms used by the centre, including questionnaires (marked collectively as Appendix D).

中心所用全部治療記錄表格的整套資料一份，包括問卷(一律標明為附錄 D)。

7.6 One complete set of all standard operating procedures and protocols used by the centre, including procedures and protocols appertaining to assessment of patients, handling of complaints, and counselling, as well as clinical and laboratory procedures (marked collectively as Appendix E).

中心所用標準運作程序和方案的整套文件一份，包括與病人評估、投訴處理及輔導有關的程序和方案，以及臨牀和化驗程序(一律標明為附錄 E)。

7.7 One copy of contingency plan to be adopted by the centre (marked as Appendix F).

中心所用應變計劃的複本一份(標明為附錄 F)。

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**8. Additional Information 其他資料**

8.1 Is there any other information regarding your centre which you may wish to bring to the attention of the Council, which is pertinent to this application, and which has not yet been addressed in this form? If so, please give details below.

是否還有其他與中心和本申請有關但未在申請書內提及而又希望管理局知悉的資料？如有，請在下面詳加說明。

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8.2 Please outline below any plans for the coming year which you wish to bring to the attention of the Council.

如有任何希望管理局知悉的來年計劃，請在此處概述。

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Please continue on a separate sheet if required. 如有需要，請另頁續寫。



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## 9. Declarations 聲明

9.1 Persons signing this application form should note that section 27 of the Human Reproductive Technology Ordinance (Cap. 561) provides that the Council may revoke a licence if it is satisfied that any information given in the application for the grant of the licence was in any material respect false or misleading. They should also note that under section 39(2) of the Ordinance, the provision of false or misleading information knowingly or recklessly for the purposes of the grant of a licence is a criminal offence.

簽署本申請書的人士請注意，《人類生殖科技條例》(第 561 章)第 27 條訂明，管理局如信納在要求發給該牌照的申請中提供的資料在要項上屬虛假或具誤導性，則可撤銷牌照。簽署人另須注意，根據該條例第 39(2)條，任何人為牌照的發給的目的，明知或罔顧後果地提供在要項上屬虛假或具誤導性的任何資料，即屬犯罪。

9.2 Where a change in any information provided in relation to an application for a licence occurs before the determination of the application, the applicant shall give notice of the change to the Council within 28 days after its occurrence unless the application has been withdrawn.

除申請已被撤回的情況外，如有關牌照申請所提供的資料在管理局作出決定前有任何變更，申請人必須在有關變更的 28 天內向管理局呈報。

### Applicant 申請人

9.3 The information provided in this form and its appendices is to the best of my knowledge, information and belief true and accurate. I agree to act as the licensee.

盡本人所知、所得資料及所信，本申請書及其附錄所提供的資料真確無誤。本人同意擔任持牌人。

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

### Proposed Person Responsible 準負責人

9.4 The information provided in this form and its appendices is to the best of my knowledge, information and belief true and accurate. I agree to act as the person responsible.

盡本人所知、所得資料及所信，本申請書及其附錄所提供的資料真確無誤。本人同意擔任負責人。

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

- END 完 -

**Guidance Notes on Completing AIH Licence Application Form**  
**夫精人工授精牌照申請書填寫須知**  
**(Renewal Application)**  
**(續期申請)**

**Section 3**

**第 3 部分：**

The applicant is the person who will hold the licence. The applicant shall secure that the person responsible under the licence discharges his duties.

申請人即將會持有牌照的人士。申請人須確保牌照負責人履行有關責任。

**Section 4**

**第 4 部分：**

The proposed person responsible is the person under whose supervision the activities authorized by a licence will be carried out. The person should have the following qualifications:

- (a) a registered medical practitioner;
- (b) a registered nurse within the meaning of the Nurses Registration Ordinance (Cap. 164);
- (c) a medical laboratory technologist registered under the Medical Laboratory Technologists (Registration and Disciplinary Procedure) Regulations (Cap. 359 sub. leg. A);
- (d) a bachelor degree or above in a field of science that is considered by the Council as relevant to human reproductive technology; or
- (e) other qualification in the medical, nursing, scientific or management field that is considered by the Council as acceptable for the purposes of supervising the relevant activity specified in the application.

The person responsible will have certain statutory duties as set out in section 24 of the Human Reproductive Technology Ordinance (Cap. 561). Further details are given in the Code.

準負責人即須在其監管下進行牌照所授權活動的人士。該人須具備下列資格：

- (a) 註冊醫生；
- (b) 《護士註冊條例》(第164章)所指的註冊護士；
- (c) 根據《醫務化驗師(註冊及紀律處分程序)規例》(第359章，附屬法例A)註冊的醫務化驗師；
- (d) 管理局認為攸關人類生殖科技的科學範疇的學士學位或學士以上程度學位；或
- (e) 管理局認為為監管該申請書所指明的有關活動的目的屬可予接受的醫學、護理學、科學或管理學範疇的其他資格。

負責人須承擔《人類生殖科技條例》(第 561 章)第 24 條所訂明的相關法定責任。其他詳情載於《實務守則》。

**Section 5**

**第 5 部分：**

This section contains a list of relevant activities governed by the Human Reproductive Technology Ordinance (Cap. 561).

此部分載列《人類生殖科技條例》(第 561 章)所規管的有關活動。

**Section 6**

**第 6 部分：**

All staff who will be directly involved in the treatment of patients or who have access to patient records should be listed here along with the position each holds in the centre.

此部分須列明中心內直接參與治療病人或會接觸病人記錄的全部職員及其職位。

**Section 9**

**第 9 部分：**

When signing the declarations section, it should be noted that if the proposed person responsible is also the applicant, he or she should sign both sections.

在簽署聲明時，請注意準負責人如同時亦是申請人，則應簽署聲明中兩個相關部分。

**COUNCIL ON HUMAN REPRODUCTIVE TECHNOLOGY**  
**人類生殖科技管理局**

**COLLECTION OF PERSONAL DATA FOR LICENCE APPLICATION**  
**收集個人資料以處理牌照申請**

**Statement of Purposes 目的聲明**

**1. Purposes of Collection 收集資料的目的**

Personal data are provided by applicants to the Council on Human Reproductive Technology for a licence to carry on a relevant activity, as the term is defined under section 2(1) of the Human Reproductive Technology Ordinance (Cap. 561). The personal data provided will be used for the following purposes:

申請人向人類生殖科技管理局申請牌照以進行有關活動(按照《人類生殖科技條例》(第 561 章)第 2(1)條的定義)時會提供個人資料，此資料將作下述用途-

- (a) to facilitate the Council on Human Reproductive Technology in carrying out activities relating to the processing of your application via this form;  
為利便人類生殖科技管理局為處理你透過本申請書提出的申請所進行的活動；
- (b) to facilitate communication or follow up action in relation to the purposes stated in (a) above;  
為上述(a)段所指的目的利便相互溝通和所需的跟進行動；
- (c) for statistical and other legitimate purposes;  
統計及其他法定用途；
- (d) administration and enforcement of relevant legislation and regulations; and  
有關法例及附屬法例的執行和執法；及
- (e) to handle complaints against licence applicant, licensee and person responsible under a licence.  
處理對牌照申請人、持牌人或牌照負責人的申訴。

The provision of personal data asked for in the relevant application form is obligatory by virtue of section 22 of the Human Reproductive Technology Ordinance.

根據《人類生殖科技條例》第 22 條，申請人必須按照有關申請書的要求提供個人資料。

## 2. Classes of Transferees 獲轉授資料者的類別

The personal data which you have provided is mainly for use within the Council on Human Reproductive Technology but they may also be disclosed to government bureaux, departments and any other agencies or organizations for the purposes mentioned in paragraph 1 above. Apart from that, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance (Cap. 486).

申請人所提供的個人資料，主要供人類生殖科技管理局內部使用，但亦可能向政府政策局、部門及任何其他機構或組織披露以作上文第 1 段所提及的用途。此外，有關資料只會披露給申請人已同意向其披露的相關各方，或用作《個人資料(私隱)條例》(第 486 章)所核准的資料披露。

## 3. Access to Personal Data 查閱個人資料

You have a right to access and make correction with respect to the personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 to the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasions as mentioned in paragraph 1 above. A fee may be imposed for complying with a data access request.

根據《個人資料(私隱)條例》第 18 和 22 條及附表 1 的第 6 原則，申請人有權查閱和更正個人資料。申請人的查閱權力包括索取其在上文第 1 段所述情況下提供的個人資料的副本。查閱資料或須收費。

## 4. Enquiries 查詢

Enquiries concerning the personal data provided, including requests for access and the making of corrections, should be addressed to:

如對所提供的個人資料有任何查詢(包括要求查閱和更改資料)，請按下列聯絡方法提出-

Council on Human Reproductive Technology  
Room 58, 17/F, Wu Chung House  
213 Queen's Road East  
Wanchai  
Hong Kong  
Tel. No. : 2961 8955  
Fax No. : 2527 9849  
E-mail : hrtc@dh.gov.hk

香港灣仔  
皇后大道東 213 號  
胡忠大廈 17 樓 58 室  
人類生殖科技管理局

電話號碼：2961 8955  
傳真號碼：2527 9849  
電郵地址：hrtc@dh.gov.hk