

To: Programme Management and Vaccination Division
 Fax Number: 2984 9608
 Email Address: pilotsiv@dh.gov.hk
 (Please fax or email to Programme Management and Vaccination Division **on or before 15 May 2020**)

Name of Enrolled Doctor : _____
 Service Provider ID : _____
 Name of Medical Organisation : _____
 Contact Number : _____
 Contact Email : _____
 Date : _____

Application to 2020/21 SIV School Outreach (Free of Charge)

Please note that enrolment in the “Vaccination Subsidy Scheme” (VSS) and “Primary Care Directory” (PCD) are mandatory requirements for private medical practitioners to participate in the 2020/21 Seasonal Influenza Vaccination (SIV) School Outreach (Free of Charge). The link to the eligibility in joining the PCD:- <https://apps.pcdirectory.gov.hk/SP/Main/Main.aspx>

*Other requirements include:-

Requirements	Primary School Outreach	KG/CCC^ Outreach
Manpower	Possess sufficient manpower to provide 1st dose vaccination service within 2 days and 2nd dose within 1 day	Possess sufficient manpower to provide vaccination service, including staff for proper positioning of school children
Outreach hours	To provide vaccination service during school hours (Mon-Fri, 8am-3pm)	To provide vaccination service on date and time mutually agreed with schools
Vaccine purchase, storage and delivery	Not required (Vaccines and related services will be provided by DH)	Must have sufficient capacity to purchase, store and deliver vaccines for outreach activities

^KG/CCC = Kindergartens / Kindergarten-cum-Child Care Centres / Child Care Centres

Remarks: Participating doctors of our vaccination programmes are reminded to observe the *Code of Professional Conduct* issued by The Medical Council of Hong Kong, the *Terms and Conditions of Agreement of Vaccination Subsidy Scheme (VSS)* and its *Supplementary Agreement of SIV School Outreach* (<https://www.chp.gov.hk/en/features/45858.html>) and the *VSS Doctors’ Guide* (<https://www.chp.gov.hk/en/features/45838.html>) issued by Programme Management and Vaccination Division, Centre for Health Protection (CHP) in carrying out services under school outreach vaccination activities.

For doctors applying to join **through School Self-selection of Doctors**, please complete **Part I**.

For doctors applying to join **through DH-matching**, please complete **Part II**.

For doctors applying to join **through School Self-selection of Doctors and DH-matching**, please complete both **Part I and II**.

Please check the appropriate box(es).

Part I – Application to School Self-selection of Doctors

1. I apply to join **School Self-selection of Doctors** under the **2020/21 SIV School Outreach (Free of Charge) AND** agree to have my name, name of practice, contact details and service district(s) to be published for the purpose of School Self-selection of Doctors under (may choose either or both): -

- KG/CCC Outreach
- Primary School Outreach

2. I prefer providing outreach vaccination service to primary schools and/or KG/ CCCs in the **following district(s) (may choose more than one):-**

- | | | | | |
|--|------------------------------------|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Central and Western | <input type="checkbox"/> Eastern | <input type="checkbox"/> Southern | <input type="checkbox"/> Wan Chai | <input type="checkbox"/> Islands |
| <input type="checkbox"/> Kowloon City | <input type="checkbox"/> Kwun Tong | <input type="checkbox"/> Sham Shui Po | <input type="checkbox"/> Wong Tai Sin | <input type="checkbox"/> Yau Tsim Mong |
| <input type="checkbox"/> Kwai Tsing | <input type="checkbox"/> North | <input type="checkbox"/> Sai Kung | <input type="checkbox"/> Sha Tin | <input type="checkbox"/> Tai Po |
| <input type="checkbox"/> Tsuen Wan | <input type="checkbox"/> Tuen Mun | <input type="checkbox"/> Yuen Long | | |

3. **For doctors applying to join KG/CCCs outreach ONLY:-**

I would provide the following type(s) of SIV (in accordance with the registered indications, age-range, dosage and route of administration recommended in the product insert):-

- Injection (Inactivated Influenza Vaccine, IIV)
- Nasal Spray (Live Attenuated Influenza Vaccine, LAIV)

Part II – Application to DH-matching

4. I apply to join **DH-matching** under the **2020/21 SIV School Outreach (Free of Charge)** for:-
(may choose either or both)

KG/CCC Outreach (no. of schools I would like to take up: _____)

Primary School Outreach (no. of schools I would like to take up: _____)

5. I prefer providing outreach vaccination service to primary schools and/or KG/CCCs **in the following region** (1 being most preferred to 4 being least preferred; put down “X” for region(s) you do NOT wish to take up):-

Hong Kong (including Central and Western, Hong Kong East, Islands, Southern and Wan Chai)

Kowloon (including Sai Kung, Sham Shui Po, Kowloon City, Kwun Tong, Wong Tai Sin and Yau Tsim Mong)

New Territories West (including Kwai Tsing, Tsuen Wan, Tuen Mun and Yuen Long)

New Territories East (including North, Sha Tin, and Tai Po)

Agreement

I agree to provide outreach seasonal influenza vaccination to schools in accordance with the *Terms and Conditions of Agreement of Vaccination Subsidy Scheme (VSS)* (<https://www.chp.gov.hk/en/features/45858.html>) and the *VSS Doctors’ Guide* (<https://www.chp.gov.hk/en/features/45838.html>) issued by Programme Management and Vaccination Division, Centre for Health Protection (CHP) and to be listed on the “*List of Doctors Providing Vaccination at School Settings*” on the Centre for Health Protection (CHP) website. I also declare that the information given by me in this Enrolment Form is up-to-date, true, accurate and complete in all respects

Signature of Enrolled Doctor : _____ Clinic Chop : _____