

Enrolment Form

2024/25 Seasonal Influenza Vaccination School Outreach Programme **Secondary School Outreach**

Please return this **Enrolment Form** to Programme Management and Vaccination Division, Emergency Response and Programme Management Branch of the Centre for Health Protection **by fax or email (Fax Number: 2320 8505/ Email Address: sivop@dh.gov.hk) on or before 15 July 2024.**

Please put "✓" into the appropriate box(es).

Part A: School Information

Name of School :

School Address :

Region of the School:

Hong Kong/ Kowloon/
New Territories East/ New Territories West

Total Number of Students:

Telephone Number:

Email Address :

Fax No.

Part B: Selection of SIV School Outreach Programme (Can select more than 1 options)

1. Please indicate which SIV School Outreach Programme your school will enrol in the 2024/25 academic year. (May enrol both programmes at the same time. Please refer to the Annexes for more information on the programmes)

2024/25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme
(Please refer to **Annex I** and proceed to **Part C**)

2024/25 VSS School Outreach (Extra Charge Allowed) Programme* (Please refer to **Annex II** and proceed to **Part D and E**)

* Schools that select VSS School Outreach (Extra Charge Allowed) Programme may select a private doctor from the List of Enrolled Healthcare Service Providers in the eHealth System (Subsidies) website at <https://apps.hcv.gov.hk/Public/en/SPS/Search> starting in September 2024 and liaise with the doctor about the terms of service. For more information, please refer to the Guidelines on How to Arrange Vaccination Activities at Non-Clinic Settings (https://www.chp.gov.hk/files/pdf/guidelines_vaccination_nonclinic_eng.pdf).

Not joining any of the above programmes (Please indicate reasons of not joining and proceed to **Part D and E**)

Reasons of not joining (Can select more than 1 options) :

- Our school has insufficient resources (eg. floor space, manpower) to support the vaccination outreach activities
- Our school has tight term schedule and is unable to arrange vaccination outreach activities
- Will encourage students to receive SIV in private doctors' clinic enrolled in the Vaccination Subsidy Scheme (VSS)
- Will join outreach programmes organised by other organisations
- Others: _____

Part C: Enrolment to 2024/25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP)

2. Please select one of the following modes of operation for 2024/25 SIVSOP.

School self-selection of doctors

(Please proceed to **Part D and E**, and fill in **supplementary form**. Please return **both enrolment form and supplementary form**.)

DH-matching of doctors

(Please proceed to **Part D and E** and return **enrolment form**. DH will match a service doctor with the school.)

Part D: Collection of information – Statement of Purpose

The information collected in this form will be used by the Government to process your application and for implementing and monitoring of the School Vaccination Programmes. The information are mainly for use within the Government for statistical and research purposes; and any other legitimate purposes as may be required, authorised or permitted by law. The information may also be disclosed by the Government to other organisations and third parties for the purposes mentioned above, if required.

Part E: Declaration

I declare that the information contained in the Enrolment Form to the Department of Health is true and accurate.

Signature of School Representative :

Name of School Representative _____

Rank of School Representative: _____

Telephone Number: _____

Date: _____

School Chop:
