

性罪行定罪紀錄查核
家長/監護人同意書
(網上申請適用)

**Parent/Guardian Consent Form for
Sexual Conviction Record Check Application
(For Online Application)**

1. 申請人資料 (以身份證明文件所載為準)

Applicant Information (As stated on the Identity Document)

姓名 Name	
身份證明文件號碼 Identity Document Number	

2. 家長/監護人資料 (以身份證明文件所載為準)

Parent/Guardian Information (As stated on the Identity Document)

姓名 Name	
身份證明文件號碼 Identity Document Number	
聯絡電話 Contact Telephone Number	

3. 同意聲明

Consent Statement

本人，(家長/監護人全名： _____)，特此同意上述未滿十八歲之申請人，
(申請人全名： _____)，提交性罪行定罪紀錄查核申請。

本人確認已充分知悉性罪行定罪紀錄查核的計劃守則及相關申請程序。

I, (Full Name of Parent/Guardian: _____), hereby give my consent for the above
applicant aged under 18, (Full Name of Applicant: _____), to submit an
application for a Sexual Conviction Record Check (SCRC).

I confirm that I have been fully informed about the SCRC protocol and the related process.

家長/監護人簽署

Signature of Parent/Guardian _____

日期

Date _____