

**Occupational Deafness (Compensation) Ordinance  
Section 15**

**Application for Compensation for Occupational Deafness**

Please read the guidance notes before completing this application form.

If you need help in filling this form in, staff of the Occupational Deafness Compensation Board will be pleased to help you.

**Part I : Particulars of Claimant**

Name in English	<input style="width: 100%;" type="text" value="*Mr / Ms"/>		
Name in Chinese	<input style="width: 100%;" type="text"/>		
HK Identity Card No.	<input style="width: 100%;" type="text" value=" ( )"/>		
Date of Birth	<input style="width: 150px;" type="text" value=" / /"/> (day / month / year)	Age	<input style="width: 80px;" type="text"/>
Address	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
Tel. No.	<input style="width: 150px;" type="text" value="Home"/>		<input style="width: 150px;" type="text" value="Daytime"/>
	<input style="width: 100%;" type="text" value="Mobile/Pager"/>		
	<input style="width: 100%;" type="text"/>		

Have you ever applied to the Occupational Deafness Compensation Board for compensation for occupational deafness? \*Yes / No

Have you ever been granted occupational deafness compensation by the Occupational Deafness Compensation Board? \*Yes / No  
If yes, please provide a copy of the certificate of determination of compensation or the certificate of review of determination, or the court order (if applicable) in relation to the latest successful application

Have you ever received any compensation or damages in respect of permanent incapacity resulting from sensorineural deafness suffered by you as a result of your exposure to noise in your working environment? \*Yes / No

\* Delete whichever is inapplicable

<b>FOR OFFICIAL USE ONLY</b>			
Application Number	<input style="width: 100%;" type="text"/>	Date of receipt	<input style="width: 100%;" type="text"/>
Application Type	<input style="width: 100%;" type="text"/>		

## Part II : Employment History

Please provide details of your past and current employment in noisy occupations in Hong Kong (see Appendix of Guidance Notes). Please use supplementary forms if you have been employed by more than one employer.

Name of Employer	<input type="text"/>	
Address & Tel. No. of Employer	<input type="text"/>	
Period of Employment	From <input type="text"/> / <input type="text"/> / <input type="text"/> (day/month/year)	To <input type="text"/> / <input type="text"/> / <input type="text"/> (day/month/year)
Duration	<input type="text"/> years	<input type="text"/> months
Position Held	<input type="text"/>	
Monthly Earnings (current or prior to leaving employment)	\$ <input type="text"/>	
Working Hours	<input type="text"/> days per week ;	<input type="text"/> hours per day
Work Place	<input type="text"/>	
Job Description	<input type="text"/>	

Noisy tools or machines used by the claimant or someone working close to the claimant :

Name of noisy tools/ machines used by the claimant or someone working close to the claimant.	If the claimant used the tool/machine himself, please indicate the no. of hours per day the claimant used it.	If someone working close to the claimant used the tool/machine, please indicate its distance from the claimant and the number of hours per day it was used close to him.
1.	Claimant used the tool/ machine himself for _____ hours a day.	The tool/machine was used by someone working within _____ meters from the claimant for _____ hours a day.
2.	Claimant used the tool/ machine himself for _____ hours a day.	The tool/machine was used by someone working within _____ meters from the claimant for _____ hours a day.
3.	Claimant used the tool/ machine himself for _____ hours a day.	The tool/machine was used by someone working within _____ meters from the claimant for _____ hours a day.

Type of Noisy Occupation      Type       (see Appendix of Guidance Notes)

## Part II : Employment History (continued)

### Information on Colleagues :

Please provide names and other particulars of two colleagues who can confirm your employment.

1. Name	*Mr / Ms	
Position Held		
Address		
Tel. No.	Home	Daytime
2. Name	*Mr / Ms	
Position Held		
Address		
Tel. No.	Home	Daytime

### Documentary Evidence of Employment :

If you have documentary evidence to substantiate your employment with this employer, please submit photocopies of these documentary evidence. Please indicate below the types of documents submitted :

- ( ) Employment contract
- ( ) Wage record
- ( ) Tax return issued by employer
- ( ) Mandatory Provident Fund record
- ( ) Others \_\_\_\_\_  
(Please specify) \_\_\_\_\_

Other remarks about this employment you wish to make :

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\* Delete whichever is inapplicable  
Please ✓ in the appropriate ( )

### Part III : Other Information

Please provide below other information you consider relevant to this application.

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### Part IV : Declaration

I am applying to the Occupational Deafness Compensation Board for

- Compensation for the first time** under \*Section 14/Section 48(3) / Section 48(5) of the Occupational Deafness (Compensation) Ordinance;
- Further Compensation** under Section 14A of the Occupational Deafness (Compensation) Ordinance;

I also attach \_\_\_\_\_ supplementary form(s) on my employment history to this application form.

I understand that the Occupational Deafness Compensation Board will refer to any information relating to my previous application(s) made to the Board in processing this application.

I agree that the Occupational Deafness Compensation Board, for processing my application, can disclose the information provided by me to other parties. I also agree to disclose the information to the Labour Department for statistical and record purposes.

I declare that the information provided by me on this application form and the supplementary form(s) is true and complete. I understand that if I provide any false information or document, actions can be taken against me under section 30(1) of the Occupational Deafness (Compensation) Ordinance. Upon conviction, I shall be liable to imprisonment for one year and a fine of \$50,000.

\* Delete whichever is inapplicable

Signature of Claimant \_\_\_\_\_

Date \_\_\_\_\_