

Part 1 – Nominee details

☐ Caring Company Logo or ☐ Caring Organisation Logo
☐ Outstanding Partnership Project Award (Form 4) ☐ List of Barrier-free Companies / Organisations (Form 5)

Company / Organisation website

☐ up to 50 ☐ 51-99 ☐ 100 - 249 ☐ 250 - 499 ☐ 500 - 999 ☐ 1000 or above

For Caring Company Nominees

Year of Incorporation:

Has your company/organisation published a stand-alone Sustainability Report + ESG Report ☐ Yes (Please attach a copy) ☐ No

☐ Others (please specify) _____

- 03 Apparel
06 Cleaning Services
09 Consultancy Services
12 Education and Training
15 Hospitality, Clubhouse and Tourism
18 IT and Electronics
21 Printing, Publishing, Packaging
24 Petroleum and Petrochemicals
27 Public Utilities and Public Services
30 Telecommunications
33 Funeral Services

Foundation Name (according to the registered name under Section 88 of IRD): _____

☐ Chamber of Commerce ☐ Government Department ☐ Hospital ☐ International Service Club
☐ Professional Body ☐ Philanthropic Foundation ☐ Statutory Body
☐ University & Tertiary Institution (Non-profit / receiving recurrent subsidies from the government)

Year of Incorporation:

☐ Hong Kong Island ☐ Kowloon ☐ New Territories

☐ Hong Kong Island ☐ Kowloon ☐ New Territories

Office Use Only		Receipt No.	Cheque	Agency Code	Company Code
Payment Amt Y/N	\$			A	C

Part 3 – Nomination for Caring Ambassador (If you are NOT nominating, please omit this part.)

Caring Ambassador is to recognise employees who actively support and participate in community programmes organised by the nominee. A maximum of three employees may be nominated. *Note: Once the nomination submitted the following nomination for Caring Ambassadors **may not be amended**.*

Caring Ambassador (1)Title ☐ Mr ☐ Ms ☐ Miss ☐ Mrs ☐ Dr ☐ Prof

Family name _____ Given name _____

Position _____ Tel _____

E-mail _____

Caring Ambassador (2)Title ☐ Mr ☐ Ms ☐ Miss ☐ Mrs ☐ Dr ☐ Prof

Family name _____ Given name _____

Position _____ Tel _____

E-mail _____

Caring Ambassador (3)Title ☐ Mr ☐ Ms ☐ Miss ☐ Mrs ☐ Dr ☐ Prof

Family name _____ Given name _____

Position _____ Tel _____

E-mail _____

Part 4 – Declaration**A. During the past three years, has your company or organisation:**

1. been convicted of any criminal offence within or outside Hong Kong jurisdiction? ☐ Yes (please elaborate) _____ ☐ No
2. been found guilty of an ethical conviction by a statutory body? ☐ Yes (please elaborate) _____ ☐ No
3. been judged to have infringed business ethics and/or be lacking credibility by the Caring Company Scheme Steering Committee? ☐ Yes (please elaborate) _____ ☐ No
4. engaged in malpractices (e.g., pressure selling, pyramid selling or Bait-and-Switch, etc.) in marketing your products or services? ☐ Yes (please elaborate) _____ ☐ No
5. breached customers trust (e.g., leaking customer's personal data) or used untruthful or unfair content in marketing your products or services? ☐ Yes (please elaborate) _____ ☐ No

B. Our company / organisation hereby agrees and declares that:

1. the information provided in this form is both true and accurate. Additional information will be provided to the HKCSS if required.
2. the nomination and result may be announced on the Caring Company Website by HKCSS (including which criteria have been satisfied, but detailed information shall not be disclosed).
3. when using the Logo, we will not, implicitly or explicitly, state that HKCSS approves products or services and we agree to comply with the "Guide for using Caring Company / Organisation Logo".

C. Our company / organisation has:

- ☐ provided a crossed cheque payable directly to HKCSS in payment of the processing fees, OR
- ☐ confirmed that the processing fees will be paid by the nominator.
- (Mailing Cash is not suggested. We assume no liability for any loss or damage arising from the mailing of cash that give rise to any claim or complaint.)*

D. By submitting the nomination, I agree the HKCSS can use the information on the nomination form for promotion of CSR related events & training, data analysis and research purposes on a collective basis. No information of individual nominee will be disclosed without our prior approval. Please email us if you do not accept the above mentioned arrangement.

Part 5 – Privacy Statement

Your personal data is provided only for the purposes of applying for a Caring Company / Caring Organisation logo and receiving information provided by HKCSS. You have the right to check and correct your personal data. The Caring Company Scheme will follow the privacy protection policy of HKCSS in handling and protecting your personal data. Please visit <https://www.hkcss.org.hk/privacy-policy/?lang=en> for details.

Part 6 – Publicity

The nomination result and awardees' contact information will be transferred to the media partner of the Caring Company Scheme, invitation will be sent for advertisement placement for the publication in connection with the Caring Company Scheme.

☐ Accept ☐ Not Accept

Signature with chop of the nominee

Name of signatory _____ Position _____

Signature with chop

X

Date _____

*** This form must be signed by the management bearing the chop of the company / organisation as confirmation, otherwise it will not be processed.**

Form 2 To be completed by the nominator

Part 1 – Nominator details

Organisation name

Chinese _____

English _____

Tax-Exempt Charitable Institution and Trusts Reference No. _____

Year of establishment _____

Organisation website _____

Major service scope

☐ Children ☐ Youth ☐ Elderly ☐ Women ☐ Community ☐ Environmental protection ☐ Health ☐ Education
☐ International and Cross-boundary ☐ Cultural, Recreational & Sports ☐ Labour ☐ Rehabilitation ☐ Others _____

Part 2 – Nominator details

For Non-HKCSS Agency Members, Non-Community Chest Agency Members ONLY.

Mission / Objective _____

Years of establishment _____

Background _____

Service scope _____

Name of the Chairman _____ ☐ Mr ☐ Ms ☐ Miss ☐ Mrs ☐ Dr ☐ Prof

Name of the Organisation Representative _____ ☐ Mr ☐ Ms ☐ Miss ☐ Mrs ☐ Dr ☐ Prof

Number of full-time employee(s) _____

Last year's expenditure About HK\$ _____ (for the year 20 _____ -20 _____)

Major sources of Income Government _____ % Donations _____ % Service charges _____ %

Operating income _____ % Others _____ %

Organisation scale:

☐ Annual expenditure under or equal to HK\$ 500,000 ☐ Annual expenditure of between HK\$ 500,001 – 1,500,000
☐ Annual expenditure of between HK\$ 1,500,001 - 5,000,000 ☐ Annual expenditure of between HK\$ 5,000,001 - 10,000,000
☐ Annual expenditure of between HK\$ 10,000,001 - 50,000,000 ☐ Annual expenditure of between HK\$ 50,000,001 - 100,000,000
☐ Annual expenditure of between HK\$ 100,000,001 - 250,000,000 ☐ Annual expenditure of above HK\$ 250,000,000

Part 3 – Contact person

Management (e.g., Chairperson, Chief Executive, etc.) - Recipient of nomination results

**Each organisation should have ONE recipient only*

Title ☐ Mr ☐ Ms ☐ Miss ☐ Mrs ☐ Dr ☐ Prof

Family name _____ Given name _____

Position _____ Tel _____

E-mail _____

Name of secretary (if any) _____ Tel _____ E-mail _____

Mailing address _____

☐ Hong Kong Island ☐ Kowloon ☐ New Territories

Contact person (2) – For liaison regarding the Nomination

Title ☐ Mr ☐ Ms ☐ Miss ☐ Mrs ☐ Dr ☐ Prof

Family name _____ Given name _____

Position _____ Tel _____

E-mail _____

Mailing address _____

☐ Hong Kong Island ☐ Kowloon ☐ New Territories

Form 2 To be completed by the nominator

Part 4 – Declaration

A. Our organisation hereby agrees and declares that:

1. all information provided in this form is true and accurate.
2. additional information will be provided to the HKCSS if required.
3. further assistance will be provided if any complaints are received regarding the nominated company / organisation.

B. Our organisation has:

- ☐ provided a crossed cheque payable directly to HKCSS in payment of the processing fees, OR
☐ confirmed that the processing fees will be paid by the nominee.

C. By submitting the nomination, I agree that HKCSS can use the information on the nomination form for promotion of CSR related events & training, data analysis and research purposes on a collective basis. No information of individual nominator will be disclosed without our prior approval. Please email us at caringcompany@hkcss.org.hk if you do not accept to the above mentioned arrangement.

D. Our organisation has maintained a partnership with the nominee (as specified in this nomination form) for a period of:

- ☐ ≤ 6 months ☐ 7-11 months ☐ 1-2 years ☐ 3-5 years ☐ 6-10 years ☐ >10 years

E. With the exception of partnership under “Caring for the Community”, our organisation has or do not have any other relationship with the nominee related to business or under same Group of Company / Organisation, etc

- ☐ Yes (Please specify _____)
☐ No

Signature with chop of the nominator

Name of signatory _____ Position _____

Signature with chop

X

Date _____

** This form must be signed by the management bearing the chop of the organisation as confirmation, otherwise it will not be processed.*

Form 3

Form 3A: Caring for the Community (To be completed by the nominator)



Partners with local social service organisations in community involvement projects, encourages staff to take part in voluntary work and invest resources initiatives for better community life, supports underprivileged individuals to enhance their employability, and enhances the viability of the community by sharing knowledge and skills with their partnering organisation.

Criteria 1: Volunteering



1.1 ☐ **Within the specified period, the nominee has supported ☐ employee ☐ customer ☐ member ☐ business partners, in organising and participating in voluntary service.

Service Target: ☐ Children and Youth ☐ Elderly ☐ Family and Community ☐ Rehabilitant
☐ Ethnic Minority ☐ New Arrivals ☐ Persons with disabilities (including Physical or mental disabled)
☐ Others: _____

Service Content: ☐ Visit ☐ Environmental Protection ☐ Maintenance & Engineering
☐ Escort & Caretaking ☐ Fundraising ☐ Mentorship ☐ Medical & Health
☐ Education & Training ☐ Labour Work ☐ Planning and Organising Volunteer Programmes
☐ Flag day (This item can only be counted singly in either Criteria 1.1 or 2.2) ☐ Others: _____

Number of services provided: ☐ 1 - 5 ☐ 6 - 10 ☐ 11 - 20 ☐ 21 - 50 ☐ 51 - 100 ☐ >100

Total Number of volunteers involved: ☐ 1 - 10 ☐ 11 - 20 ☐ 21 - 30 ☐ >30

Total Service hours: ☐ 1 - 10 ☐ 11 - 100 ☐ 101 - 200 ☐ 201 - 300 ☐ >300 ☒

**** Criteria 1.2 – 1.3 will only be valid if voluntary service has been rendered during the designated period**

1.2 ☐ Within the specified period, the nominee has supported employees or members in volunteering with the following resources:

☐ Financial ☐ In-kind ☐ Insurance ☐ Venue
☐ Training ☐ Transportation Arrangement and Allowance ☐ Volunteer Service Leave
☐ Others: _____

1.3 ☐ ***We confirm that the nominee has a system in place to promote and recognize their employees / members volunteering efforts.

☐ Disseminates information regarding volunteer opportunities via corporate newsletters, lunch meetings and / or intranet.
☐ Presents commendation letters to staff involved in voluntary work.
☐ Includes volunteer service records in the employee's personal files.
☐ Offers internal awards and official recognition for extraordinary voluntary efforts.
☐ Provides volunteer service guidelines for staff.
☐ Others: _____

*** Please provide supporting documents to nominator for verification

Criteria 2: Giving



2.1 ☐ Within the specified period, the nominee has provided financial assistance, including:

☐ Cash donation
☐ ≤ HK\$10,000 ☐ HK\$10,001 - HK\$50,000 ☐ HK\$50,001 - HK\$100,000 ☐ HK\$100,001 - HK\$200,000
☐ HK\$200,001 - HK\$500,000 ☐ HK\$500,001 - HK\$1,000,000 ☐ HK\$1,000,001 - HK\$2,000,000 ☐ ≥ HK\$2,000,001
☐ In-kind donation in support of our organisation
☐ Venue ☐ Service ☐ Gift ☐ Food ☐ Others: _____

2.2 ☐ Within the specified period, the nominee has participated in our

☐ Blood-donation Day ☐ Charity Events ☐ Cause-related Marketing Activities
☐ Flag day (This item can only be counted singly in either Criteria 1.1 or 2.2)

2.3 ☐ Within the specified period, the nominee encouraged other stakeholders to make donations.

☐ Employees ☐ Customers ☐ Business Partners ☐ Suppliers / Vendors / Distributors

Form 3

Form 3A: Caring for the Community (To be completed by the nominator)

Criteria 3: Mentoring

- 3.1 ☐ Within the specified period, our nominee has shared business expertise with us, helped us and provided consultancy or advisory services in the following areas: on ☐ Pro bono basis ☐ One-off nominal charge:
- | | | | |
|---|---|--|-----------------------------|
| <input type="checkbox"/> HR | <input type="checkbox"/> Marketing / Public Relations | <input type="checkbox"/> Legal Services | <input type="checkbox"/> IT |
| <input type="checkbox"/> Construction Management | <input type="checkbox"/> Financial Management | <input type="checkbox"/> Production Process Redesign | |
| <input type="checkbox"/> Social Entrepreneurship Management | <input type="checkbox"/> Organisation Management | <input type="checkbox"/> Others: _____ | |
- 3.2 ☐ Within the specified period, our nominee has supported its employees who voluntarily sit on the advisory committees or boards of our organisation.

Criteria 4: Employing the vulnerable

- 4.1 ☐ Within the specified period, the nominee has cooperated with our organisation in providing retraining / training / placement opportunities for the following vacancies: ☐ 1 - 5 ☐ 6 - 10 ☐ 11 - 20 ☐ ≥ 21
- 4.2 ☐ Within the specified period, the nominee has provided working opportunities in support of:
- ☐ "YETP", ☐ "Support for Self-reliance Scheme", ☐ "Supported Employment Service" ^T or
- ☐ other employment schemes organised or co-organised by our organisation with the following places provided:
- ☐ 1 - 5 ☐ 6 - 10 ☐ 11 - 20 ☐ ≥ 21
- 4.3 ☐ *Within the specified period, our organisation has referred employee(s) with physical and mental disabilities to the nominee:
- Number(s) of employee(s) referred: ☐ 1 - 5 ☐ 6 - 10 ☐ 11 - 20 ☐ ≥ 21
- Including:
- | | | |
|--|--|---|
| <input type="checkbox"/> Visually-impaired ^T | <input type="checkbox"/> Mentally-challenged ^T | <input type="checkbox"/> Hearing-impaired ^T |
| <input type="checkbox"/> Ex-mentally ill ^T | <input type="checkbox"/> Physically-challenged ^T | <input type="checkbox"/> Chronically ill ^T |
| <input type="checkbox"/> Rehabilitated Ex-offenders | <input type="checkbox"/> Language impairment ^T | <input type="checkbox"/> Autism spectrum disorders ^T |
| <input type="checkbox"/> Attention deficit / Hyperactivity disorder ^T | <input type="checkbox"/> Specific learning disabilities ^T | <input type="checkbox"/> Ethnic minorities |
| <input type="checkbox"/> New Arrivals | <input type="checkbox"/> Others: _____ | |

*Criteria 4.4 will only be valid if Criterion 4.3 was fulfilled within the specific period.

- 4.4 ☐ Within the specified period, the nominee has also provided other facilities or arrangements for employee(s) with disabilities, such as:
- ☐ To set up policies on equal employment and employing the disabled ^T
 - ☐ Special facilities / and assistive devices ^T
 - ☐ To provide Barrier-free working environment (wide corridor or washroom) ^T
 - ☐ To set up simulated workplaces to provide induction training for persons with disabilities ^T
 - ☐ To create new job or posts (full-time and part-time) with due consideration to the work abilities of persons with disabilities thereby enhancing their employment opportunities ^T
 - ☐ To publish periodically in corporate publications / publicity materials on the number of employee with disabilities and on measures or indicators pertaining to the employment of persons with disabilities ^T
 - ☐ Flexible working hours to enable employees with disabilities to obtain regular medical check-ups ^T
 - ☐ To assign mentors to help new recruits with disabilities to acquire job skills, adapt to the working environment & build rapport with their colleagues ^T
 - ☐ To participate in publicity and public education activities for the open employment of persons with disabilities ^T
 - ☐ Tactile guidance pathways ^T
 - ☐ To make reasonable and appropriate adjustments to the work process according to the special needs of the employee with disabilities ^T
 - ☐ Special transportation arrangements ^T
 - ☐ Others: _____
- 4.5 ☐ Within the specified period, the nominee has set aside shops or stalls on nominal charge or pro bono basis for
- ☐ our organisation and service units ☐ social enterprises ^T ☐ the vulnerable or
 - ☐ self-employed persons with disabilities ^T referred by our organisation, to run business or sell their products.

Please check ✓ where appropriate.
Nomination deadline: 7 January 2022

To fulfill the minimum requirement, all nominations must fulfill a minimum of TWO CRITERIA under each of the THREE SCOPES (Caring for the Community Form 3A, Caring for the Employees Form 3B, Caring for the Environment Form 3C) respectively.
Nominees are required to carry out activities during year 2021 for the consideration by the independent Adjudication Panel.

Form 3

Form 3A: Caring for the Community (To be completed by the nominator)

Criteria 5: Procurement of products or services provided by social service organisations or social enterprises

- 5.1 ☐ Within the specified period, the nominee has used or purchased products or services provided by:
- ☐ Our organisation and service units ☐ Social Enterprises ^T ☐ Shelter Workshops ^T ☐ Others: _____
- No. of purchase:** ☐ 1 - 5 ☐ 6 - 10 ☐ 11 - 15 ☐ 16 - 20 ☐ ≥ 21
- Product / Service nature:** ☐ Catering Service ☐ Cleaning Service ☐ Training ☐ Retail Products
☐ Consultation Service ☐ Employee Assistance Programme ☐ Others: _____
- The annual proceeds of these orders were approximately:
- ☐ ≤ HK\$1,000 ☐ HK\$1,001 – HK\$5,000 ☐ HK\$5,001 – HK\$10,000 ☐ HK\$10,001 – HK\$20,000 ☐ ≥ HK\$20,001

Criteria 6: Tough times collaboration

- 6.1 ☐ ** In response to the COVID-19 outbreak, within the specified period, the nominee has supported
- ☐ employee ☐ customer ☐ member ☐ business partners, in organising and participated in voluntary service.
- Service Target:**
- ☐ Children and Youth ☐ Elderly ☐ Family and Community ☐ Rehabilitant
☐ Ethnic Minority ☐ New Arrivals ☐ Persons with disabilities (including Physical or mental disabled)
☐ Poor living environment, (including sub-divided flats, cage homes, bedspace apartment, partitioned rooms or rooftop slum, street sleeper)
☐ Others: _____
- Service Content:** ☐ Visit ☐ Cleaning and Disinfection ☐ Telephone Support ☐ IT Support
☐ Online mentoring and coaching / Learning support ☐ Others: _____
- No. of services provided:** ☐ 1 - 5 ☐ 6 - 10 ☐ 11 - 20 ☐ 21 - 50 ☐ 51 - 100 ☐ >100
- Total service hours:** ☐ 1 - 10 ☐ 11 - 100 ☐ 101 - 200 ☐ 201 - 300 ☐ >300^V
- ** Criteria 6.1 will only be valid if Criteria 6.1 is fulfilled within a designated period
- 6.2 ☐ In response to the COVID-19 outbreak, within the specified period, the nominee has provided financial assistance to
- ☐ our organisation or / ☐ Social Enterprises in responding to anti-epidemic work :
- Cash donation** ☐ ≤ HK\$10,000 ☐ HK\$10,001 – HK\$50,000 ☐ HK\$50,001 – HK\$100,000 ☐ HK\$100,001 – HK\$200,000
☐ HK\$200,001 – HK\$500,000 ☐ HK\$500,001 – HK\$1,000,000 ☐ HK\$1,000,001 – HK\$2,000,000 ☐ ≥ HK\$2,000,001
- 6.3 ☐ In response to the COVID-19 outbreak, within the specified period, the nominee has provided
- ☐ Mask ☐ Sanitiser / Hand sanitiser ☐ Protective gown ☐ Food / Meal Voucher ☐ Others: _____
- 6.4 ☐ In response to the COVID-19 outbreak, within the specified period, the nominee has support our organisation
- ☐ Distribute anti-epidemic packs ☐ Prepare anti-epidemic packs ☐ Others: _____
- 6.5 ☐ In response to the COVID-19 outbreak, within the specified period, the nominee has used or purchased products or services provided by:
- ☐ Our organisation and service units ☐ Social Enterprises ^T ☐ Shelter Workshops ^T ☐ Others: _____
- ☐ No. of purchase: ☐ 1 - 5 ☐ 6 - 10 ☐ 11 - 15 ☐ 16 - 20 ☐ ≥ 21
- Anti-epidemic Product / Services:** ☐ Cleaning and Disinfection ☐ Others: _____
- The annual proceeds of these orders were approximately:
- ☐ ≤ HK\$1,000 ☐ HK\$1,001 – HK\$5,000 ☐ HK\$5,001 – HK\$10,000 ☐ HK\$10,001 – HK\$20,000 ☐ ≥ HK\$20,001

only applicable
in this year

Remarks: Some of the criteria of the below scheme(s) are of similar requirement of the Caring Company Scheme (Form: 3A), please refer to those marked with "V" / "T" for reference. For further details of these schemes, please visit the corresponding websites.

Symbol " V "



Volunteer Movement <https://volunteermovement.hk/en>

Symbol " T "



Talent-Wise Employment Charter and Inclusive Organisations Recognition Scheme
https://www.lwb.gov.hk/en/highlights/charter_scheme/index.html



Social Capital Builder Awards
社會資本動力獎

The stated vision of this Award is aligns with the Caring Company Scheme.
Please read more from the Award website.
Social Capital Builder Awards www.ciif.gov.hk

Form 3

Form 3B: Caring for the Employees (To be completed by the nominee)



Caring for the Employees

Recognises its staff as important assets; devotes top management's time to listening to staff concerns and offers resources to improve staff's physical and mental health, achieving work-life balance.

Criteria 1 Recognises employees as an important asset

Our management recognises employees as being an important asset. In our employment contracts, we have offered **more than half of our staff** the following benefits over and above those specified in the Employment Ordinance <http://www.labour.gov.hk/eng/public/ConciseGuide.htm>:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Paid annual leave (No. of Days _____) | <input type="checkbox"/> Full-paid sick leave | <input type="checkbox"/> Retirement protection ^M | <input type="checkbox"/> Hospitalization benefits |
| <input type="checkbox"/> Medical insurance / allowance | <input type="checkbox"/> Others: _____ | | |

Criteria 2 Employee safety

We ensure our employees' well-being and safety by providing the following extra protection measures over and above those specified in the "Occupational Safety and Health Ordinance" and/or "Factories and Industrial Undertakings Ordinance":

- | | | |
|--|---|--|
| <input type="checkbox"/> The Occupational Safety and Health Policy | <input type="checkbox"/> Training courses | <input type="checkbox"/> Risk assessment |
| <input type="checkbox"/> Automated external defibrillators (AED) | <input type="checkbox"/> Others: _____ | |

Criteria 3 Employee wellness

We have provided information and activities / services regarding stress management and mental-wellness counselling that enable **more than half of our staff** to deal with interpersonal, health, personal and family matters.

- | | | |
|---|--|--|
| <input type="checkbox"/> Stress Management Training or Activities | <input type="checkbox"/> Employee Counselling Services | <input type="checkbox"/> Health Workshop / Sports Activities |
| <input type="checkbox"/> Interpersonal Skills Workshop | <input type="checkbox"/> Others: _____ | |

Criteria 4 Employee family responsibility

We have established mechanism or activities that enable **more than half of our staff** to take care of urgent personal or family matters when required.

- ☐ **Provided paid or partially paid leave, in addition to that specified in the Employment Ordinance**
- | | | |
|--|--|--|
| <input type="checkbox"/> Marriage leave | <input type="checkbox"/> Paternity leave (No. of Days _____) | <input type="checkbox"/> Full-paid maternity leave |
| <input type="checkbox"/> Compassionate leave | <input type="checkbox"/> Parental leave | <input type="checkbox"/> Filial leave |
| <input type="checkbox"/> Unlimited Paid Leave Policy (Provided paid or partially paid leave, in addition to that specified in the Employment Ordinance) NEW | | |
| <input type="checkbox"/> Emergency leave for family matters | | |
| <input type="checkbox"/> Festival leave (employees are granted half day or above on festive days, e.g. Winter Solstice, Christmas Eve) etc | | |
| <input type="checkbox"/> Leave on the wedding day of immediate family members | | <input type="checkbox"/> Others: _____ |
- ☐ **Provided the following support services or activities**
- | | | |
|--|---|--|
| <input type="checkbox"/> Parent-child seminars | <input type="checkbox"/> Internship for employees' children during holiday | <input type="checkbox"/> Workplace open days for employees' family members |
| <input type="checkbox"/> Child care support | <input type="checkbox"/> Elderly care support (Escort Service for Out-patient, Carer Support Service) | <input type="checkbox"/> Others: _____ |
- ☐ **Breastfeeding Support**
- | |
|---|
| <input type="checkbox"/> Allow lactation breaks for employees to express breastmilk within a period of time after delivery (Implementation a year or above) |
| <input type="checkbox"/> Provide breastfeeding facilities |
- ☐ **Provided the following support policies and practices**
- | | | | | |
|---|--|--|--------------------------------------|---|
| <input type="checkbox"/> Flexi-working hours | <input type="checkbox"/> Flexi-working place | <input type="checkbox"/> Flexi-rostering | <input type="checkbox"/> Job Sharing | <input type="checkbox"/> Five-day work week |
| <input type="checkbox"/> Compressed work week (working longer hours daily in order to compress the number of working days per week) | | | | |
| <input type="checkbox"/> Part-time working pattern | | | | |
| <input type="checkbox"/> Reduced working hours and adjusted salary correspondingly upon employees' request | | | | |
| <input type="checkbox"/> Refreshment Leave (unpaid leave to take care of personal business) | | | | |
| <input type="checkbox"/> Others: _____ | | | | |

Form 3

Form 3B: Caring for the Employees (To be completed by the nominee)

Criteria 5 Work-life balance



☐ We have provided the number of day leave more than that specified in the Employment Ordinance (must be benefited by **more than half of the staff**)

- ☐ Birthday leave ☐ Examination leave ☐ Sabbatical leave ☐ Accumulative annual leave
☐ Compensation leave for overtime work ☐ Others: _____

☐ We have provided or subsidised the following support services for more than half of our staff and their family members

- ☐ Social gatherings / Charity Events ☐ Company trips ☐ Interest groups ☐ Others: _____

Criteria 6 Well-established communication mechanism



☐ We acknowledge the importance of communicating with employees formally or informally and offer well-established:

- ☐ Internal communication ☐ Consultation activities ☐ Complaint systems

that enable employees to understand our policies and concern them, especially those that affect their career and benefit changes.

Number of meetings: ☐ 1 - 5 ☐ 6 - 10 ☐ 11 - 20 ☐ >20

Criteria 7 Benefits and support



☐ We have provided employee and family care benefits and support offered to employees and / or their family members that have a positive impact on their family life: (must be benefited by **more than half of the staff**)

- ☐ Scholarships / bursaries / tuition reimbursements for employees' children ☐ Insurance covering employees' family members
☐ Emergency financial relief ☐ Special loans
☐ Employee facilities (e.g. rest area, fitness room, family club) ☐ Others: _____

Criteria 8 Related awards or other recognitions



We have attained the following Award(s) or Certification(s): **(please include a copy of valid certificate together with your nomination form)**

- ☐ HR Excellence Awards 2019/20 ☐ Hong Kong Occupational Safety & Health Award
☐ The Occupational Health and Safety Assessment Series (OHSAS 18001) ☐ Family-Friendly Employers Award Scheme
☐ Good MPF Employer Award 2020-21 ☐ Others: _____

Form 3

Form 3B: Caring for the Employees (To be completed by the nominee)

Criteria 9 Tough times together

- ☐ Set up infection control guideline / policy at Workplace during the pandemic
- ☐ Provide the following policy / material
- ☐ Provide health advice and guidelines to employees, (e.g. the guidelines will put up at prominent positions within the work area or via electronic communication)
 - ☐ Enhance cleaning at workplace (office desk, office equipment, telephone set etc...)
 - ☐ Masks
 - ☐ Minimise number of visitors, record time of visit and contact information of visitors
 - ☐ A work-life balance guideline established for employees who work from home
 - ☐ Stay in touch with employees and have understanding about their health condition
 - ☐ Encourage employees to notify their health condition voluntarily. (Including Suspected case/ confirmed case, physical condition of returned traveler)
 - ☐ Paid Leave / Policy for COVID-19 Testing Service, Please explain: _____ **NEW**
 - ☐ Paid Leave / Policy for COVID-19 Quarantine, Please explain: _____ **NEW**
 - ☐ Other protective equipment: _____
- ☐ Clean and hygienic working environment
- ☐ Place doormats sprayed with 1:49 diluted household bleach at entrances and provide antiseptic products (i.e. hand sanitisers)
 - ☐ Provide and regularly clean lidded rubbish bins for disposal of masks
 - ☐ Advise visitors to wear masks at the workplace and conduct temperature checks for all at entrances
 - ☐ Other: _____
- ☐ Working arrangement
- ☐ Implement work from home arrangement, work in shifts or in different groups
 - ☐ Implement flextime to enable staff to commute to work at non-rush hours
 - ☐ Arrange seats so that staff could work at least 1.5 metres apart
 - ☐ Advise employees to wear masks at the workplace
 - ☐ Replace face-to-face meetings with video conferencing, conference call or online meetings
 - ☐ Flexible work from home arrangement for the employees who need to taking care of their family members
 - ☐ Provide necessary hardware / software support to enable employees to work from home i.e. computer equipment, computer software, SIM Card
 - ☐ Provide work life balance guideline when working from home
 - ☐ Other: _____

only applicable
in this year

Remarks:

Some of the criteria of the below scheme(s) are of similar requirement of the Caring Company Scheme (Form: 3B), please refer to those marked with "M" for reference. For further details of these schemes, please visit the corresponding websites.

Symbol "M"



Good MPF Employer Award <http://www.mpfa.org.hk/tch/goodMPFemployer/award/>

Form 3

Form 3C: Caring for the Environment (To be completed by the nominee)



Caring for the Environment

Making efforts in environment protection, taking internal environmental policy and measures to reduce waste, save energy and improve air quality. Establish mechanism to ensure that production processes minimize negative impact on the environment and enable sustainable development. Cooperate with local service organisations or relevant government department to promote environment protection.

Criteria 1 Successful implementation of environmental protection practices

We have establish mechanism / measure or plans / activities in our daily operation to promote environment protection, and make prominent effects.

- ☐ Waste reduction and adoption of 4R policies to reduce, reuse, recycle, and replace (e.g., reduce paper usage, separation of waste or recycling)
- ☐ Energy conservation and reduction of light pollution (e.g., use products with Energy Label or use renewable energy)
- ☐ Air quality improvement (e.g., installed air-pollution-control facilities or improved ventilation systems)
- ☐ Reduction of noise pollution (e.g., installed double-glazing or sound proofing facilities)
- ☐ Conserved water resources and reduced water pollution (e.g., reduced water usage, sewage treatment or recycling after treatment)
- ☐ Environmental friendly measures (e.g., Meatless Monday, recycling of festival materials, shark-free menu or ocean-friendly dishes)
- ☐ Others: _____

Please briefly explain the impacts made:

Criteria 2 Eco-friendly manufacturing processes

We have minimised the environmental impact of our manufacturing processes through:

- ☐ Manufacturing of products with minimal impact on the environment
- ☐ Use of recycled / recyclable or environmentally friendly materials
- ☐ Use of recycled / recyclable literature and packaging
- ☐ Integration of environmental-protection policies and measures into our business and have assigned a Green Manager or a designated business unit to oversee the environmental-management system
- ☐ Recycling of electronic / electric products which are harmful to the environment
- ☐ Implementing a default opt-out option for single-use plastic cutlery via Online Ordering Platform
- ☐ Adopting eco-friendly alternatives to plastic (e.g., takeaway containers)
- ☐ Others: _____

Please briefly explain the impacts made:

Criteria 3 Reduce carbon emissions

We measure and reduce carbon emission levels and have:

- ☐ Measured carbon-emission level periodically and set up reduction targets
- ☐ Used low-carbon equipment (e.g., LED lights, hybrid cars and electric vehicles etc)
- ☐ Engaged staff and customers in reducing carbon emissions (e.g., reducing business travel)
- ☐ Signed the "Carbon Reduction Charter" drafted by the Environment Protection Department and became a "Carbon Audit • Green Partner" to support the reduction of greenhouse-gas emissions
- ☐ Provide Electronic Billing or Electronic Statement service
- ☐ Others: _____

Please briefly explain the impacts made:

Form 3

Form 3C: Caring for the Environment (To be completed by the nominee)

Criteria 4 Green partnership



We promote awareness and influence change through forming partnerships.

- ☐ Support / Participate in _____ (Activity Name) organised by _____ (Organisation Name / NGO)
- ☐ Working with _____ (NGOs) or _____ (government department), we co-organise or participate in _____ (name of the activity) to promote environmental awareness among ☐ employees, ☐ customers, ☐ partners and ☐ the public or contribute to environmental protection

Criteria 5 Environmental Label or other recognition



We have attained one or more of the following Environmental Labels or Certifications

(please include a copy of the certificate together with your nomination form)

- ☐ ISO 14001 Certification - Environmental Management System
- ☐ ISO 20121 Certification - Event Sustainability Management Systems
- ☐ ISO 50001 Certification - Energy Management Systems
- ☐ "The Hong Kong Green Mark Certification Scheme" operated by the Hong Kong Q-Mark Council of the Federation of Hong Kong Industries
- ☐ "The Hong Kong Awards for Environmental Excellence" (HKAEE) and the "Hong Kong Green Organisation Certification" (HKGOC) are led by the Environmental Campaign Committee alongside the Environmental Protection Department and in conjunction with nine other organisations:
- ☐ Hong Kong Awards for Environmental Excellence:
- ☐ Hong Kong Awards for Environmental Excellence ☐ Hong Kong Green Innovations Awards
- ☐ Hong Kong Green Organisation
- ☐ Hong Kong Green Organisation Certification:
- ☐ Wastewi\$e Certificate ☐ Energywi\$e Certificate ☐ IAQwi\$e Certificate
- ☐ Productwi\$e Certificate ☐ Carbon Reduction Certificate
- ☐ Organised by WWF-Hong Kong
- ☐ LCMP (Low Carbon Manufacturing Programme)
- ☐ Platinum Label ☐ Gold Label ☐ Silver Label ☐ Certified
- ☐ LOOP (Low-carbon Office Operation Programme)
- ☐ Platinum Label ☐ Gold Label ☐ Silver Label ☐ Certified

Criteria 6 Tough times together

- ☐ Engaged staff and customers in using disinfected appliances (e.g., Bring your own cup / food containers etc)
- ☐ Provide and clean regularly the special recycle bins for non-recyclable waste or person hygiene products (e.g., masks, wet wipes etc)
- ☐ Place "non-recyclable personal hygiene products" on the recycling bins (e.g., masks, wet wipes)
- ☐ Other: _____

only applicable
in this year

Outstanding Partnership Project Award

Form 4 Outstanding Partnership Project Award



An eligible community partnership project should be developed by the nominee and at least one local charitable organisation, including its nominator, and implemented for more than one year with substantial outcomes. The themes of the community partnership projects are mainly related to social needs of community, such as **"Bringing Community Recovery"**, **"Active Ageing Community"**, **"Environmental Sustainability"**, **"Community Mental Health"**, **"Family Solidarity"**, **"Diversity & Inclusion"**, etc

Part 1 Partner details (please list ALL partnering companies and organisations)

In this project, a total of _____ partners have been involved.

The Nominee:

Company / Organisation name

Chinese _____

English _____

The Nominator:

Company / Organisation name

Chinese _____

English _____

Other Partner (if applicable)

Company / Organisation name

Chinese _____

English _____

Part 2 Information about Partnership Project

Project name

Chinese _____

English _____

Theme ☐ Bringing Community Recovery **NEW** ☐ Active Ageing Community ☐ Environmental Sustainability
☐ Community Mental Health ☐ Family Solidarity ☐ Diversity & Inclusion
☐ Others special themes: _____

Project period: Start _____ / _____ (mm/yyyy)

End _____ / _____ (mm/yyyy) /or present

Part 3 Project Content

Please submit the project details of not more than 2,000 words. Please submit together with this nomination form and email softcopy to partnership_project@hkcss.org.hk. A template can be download at http://www.caringcompany.org.hk/doc/template_opp.doc

Optional to participate

List of Barrier-free Companies/Organisations (To be completed by the participating companies / organisations)

Form 5



To recognise Caring Companies or Caring Organisations that proactively support and create a barrier-free environment and culture. There are **2 adjudication scopes**, namely “Barrier-free Environment” and “Barrier-free Communication”, and a **total of 13 criteria** under the List. To fulfil the minimum requirement, all companies / organisations must fulfil a **minimum of 2 criteria** from each scope. After verification, companies / organisations fulfilling the minimum requirements will be examined by the Adjudication Panel, and considered for inclusion in the List, as a form of encouragement.

- HKCSS has set up an independent Adjudication Panel for the assessment. All companies / organisations are invited to give detailed information and relevant documents for assessment.
- HKCSS will entrust a social service organisation to conduct the on-site assessment visit. The assessment fee will be borne by participating company/ organisation.

Our company / organisation confirmed the criteria provided in Form 4:

- ☐ Only applicable for our company / organisation for single office or branch, address is: _____ or
- ☐ Applicable for all our offices or branches under our company / organisation or
- ☐ Applicable for some *offices and / or branches, among which _____ of them have set up barrier-free facilities and/ or policies
 (*Please provide the list of offices and / or branches)

Barrier-free Environment

The company / organisation has provided the following facilities to the disabled ☐ employees ☐ customers / service-users. The facilities could be easily accessed and used without assistance. These include:

- ☐ Criteria 1: *Remodelled passageways like ☐ ramps ☐ tactile guide path ☐ wide corridor and entrances/exits
- ☐ Criteria 2: *Special facilities like ☐ handrail serves as a waling aid ☐ accessible elevator
- ☐ low levelled counter top that are convenient for wheelchair-users, recess spacing of table (for computer tables, reception counters)
- ☐ switch button located at the lower position ☐ washroom ☐ stair lift ☐ self-service counter
- ☐ Criteria 3: *Various electronic sensors that provide assistance to the disabled like
- ☐ lighting system ☐ audio system for important message ☐ high contrast display for important message
- ☐ induction loop system ☐ visual fire alarm systems
- ☐ Criteria 4: *Indicator and sign like ☐ signs with tactile logos to indicate the positions of doors and walls for people with low vision
- ☐ braille signs (i.e. provide environmental information) ☐ tactile maps
- ☐ signs with large symbols and contrasting colours ☐ sign language symbols suitable for the hearing impaired

* Remarks: If the design and facilities are in compliance with the various design requirements set out in the Design Manual - Barrier Free Access 2008 of the Building Department, they should meet the conditions of the Obligatory Design Requirements. Please refer to https://www.bd.gov.hk/doc/en/resources/codes-and-references/code-and-design-manuals/BFA2008_e.pdf

- ☐ Criteria 5: Facilities needed by disabled employees like ☐ braille indicators ☐ desktop magnifiers ☐ mobile magnifiers ☐ hearing aids
- ☐ Criteria 6: Special transport arrangements like shuttle vehicles to ferry disabled persons
- ☐ Criteria 7: ☐ portable or movable ramps ☐ Fitting room with grab poles and/or emergency alarm system
- ☐ priority seats ☐ accessible parking spaces ☐ spare wheelchair ☐ electric wheelchair charging service
- ☐ Others: _____

Optional to participate

List of Barrier-free Companies/Organisations (To be completed by the nominee)

Form 5

Barrier-free Communication

The company / organisation has provided disabled ☐ employees ☐ customers / service-users with the following, which allow them to obtain full and correct information about the company's / organisation's products / services, including:

☐ Criteria 1: Its website features barrier-free designs in accordance with internationally accepted guidelines and/or have received related awards or certifications, including:

☐ Web Content Accessibility Guidelines (WCAG) 2.0 and reaching AA grade (<http://www.w3.org/TR/WCAG/>)

☐ Received recognition under the Web Accessibility Recognition Scheme co-organised by Hong Kong Internet Registration Corporation Limited and the Office of the Government Chief Information Officer

Website Stream : ☐ Silver Award ☐ Gold Award

Mobile App Stream: ☐ Silver Award ☐ Gold Award

☐ Criteria 2: Information about its products / services including newsletters / notices, bills, menus, etc. is clearly displayed to assist disabled persons, e.g.,

☐ signs with large symbols (e.g., large-font bill) ☐ contrasting colours ☐ tactile sign

☐ voice message ☐ Sign Language Flash Cards

☐ Criteria 3: It respects disabled persons, takes the initiative to actively communicate with them, and receive fair treatment

☐ Set up consultation activities / feedback mechanisms, respond and follow up their request

☐ To publish periodically in website on the barrier-free facilities / services

☐ Guidelines on Evacuation Fire / Emergency Route Plan for disabled persons

☐ Others: _____

☐ Criteria 4: It implements disabled-friendly policies, providing employees with appropriate training to encourage communication with the disabled so as to create an inclusive workplace / business environment. These include:

☐ Sighted Guide Techniques ☐ Sign language ☐ Wheelchair use ☐ Workshop / Experiential Day

☐ Others: _____

☐ Criteria 5: It implements equal employment policies and hires disabled staff members, and sets a quota _____% for disabled employees. It has hired _____ disabled persons within a specific period of time. (The hiring location must be same as the address on Form 4)

☐ Criteria 6: Others: _____

Reference price for on-site assessment visit (per visit):

	2,000 square feet or less	5,000 square feet or less	5,001 to 10,000 square feet	10,001 square feet or above, Outlying Island and Remote Areas in Hong Kong
Caring Company	\$850	\$1,500	\$2,200	To be advised
Caring Organisation	\$700	\$1,200	\$1,850	To be advised

* Outlying and Hong Kong Remote Areas coverage: Lantau Island, Ma Wan, Cheung Chau, Lamma Island, Peng Chau and Frontier Closed Area, etc. The coverage of the Frontier Closed area (FCA), please refer to the Hong Kong Police website: http://www.police.gov.hk/ppp_en/11_useful_info/licences/remind.html

- The on-site assessment results will be valid for 3 years, from 1 March 2022 to 28 February 2025 inclusive. Companies / organisations that are listed on the "2021/22 List of Barrier-free Companies / Organisations" are required to submit corresponding applications again in 2024/25 to renew the Listing status mentioned above. The Listing status will be further renewed for 3 years upon approval by the Adjudication Panel.
- If any office/branch of the on-listed Barrier-free Companies / Organisations are going to be renovated, rebuilt or removed to a new address within the valid date of listing, another on-site assessment visit shall be arranged upon the completion of the renovation work or removal (assessment fee to be borne by on-listed Companies / Organisations).

Optional to participate