



**Smart Living Healthcare Massage Service - Corporate
Client
Registration Form**

To : Employees Retraining Board Service Schemes Section

Email: serviceschemes@erb.org

Fax : 2311 1357

Tel : 3129 1381

Please fill in the form for service registration.

Name of Corporation:				
Contact person:	Mr/Miss/ Ms			
Title:		Tel.:		
Fax:		Email:		
Service address:				
No. of customers:		Gender of customers:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male & Female	
Service details:	Massage service(s)	No. of sessions	Service fee/ session	Total service charge
	<input type="checkbox"/> Head to shoulders	15/30/45/60 minutes	\$	\$
	<input type="checkbox"/> Foot Reflexology	15/30/45/60 minutes	\$	\$
	<input type="checkbox"/> Full-body	15/30/45/60 minutes	\$	\$
Service date:	<input type="checkbox"/> One-off: __ (yy) (mm) (dd), Time: _____ <input type="checkbox"/> From __ (yy) (mm) (dd), every ____, Time: _____			
Gender and no. of masseurs required:	<input type="checkbox"/> Male: ____ <input type="checkbox"/> Female: ____ <input type="checkbox"/> No preference: ____			

To be completed by ERB/ Smart Living – Regional Service Centre			
ERB 收表日期 :		負責中心 :	
中心收表日期 :		空缺編號 :	

IMPORTANT NOTES:

- For the first-time service registration, please send the completed registration form to Employees Retraining Board (ERB) by email or fax at least 3 days before the service day for ERB to assign a Smart Living - Regional Service Centre (RSC) to follow up and confirm the referral arrangement with you.
- RSC will refer masseurs of the same gender as the clients for full-body massage.
- RSC will provide the client the masseur's contact information for mutual communication. Please notify the masseur(s) at least 1 day before the service day for any changes or cancellation of the booking. Otherwise, clients have to pay for the reserved sessions to the masseurs concerned.

4. Subsequent service reservation can be made by phone direct to the masseur or RSC for referral of another masseur.
5. Materials required for the service:

Massage Services	Consumables	Furniture	Towel(s)/client	Others
Foot reflexology	<ul style="list-style-type: none"> • Massage oil • Disinfectant 	<ul style="list-style-type: none"> • Suitable sofa/ chair • footstool or low stool 	<ul style="list-style-type: none"> • big x 1 • medium x 3 	<ul style="list-style-type: none"> • Supply of hot and cold water and drainage facilities • Basin, bucket (to collect waste water and towels) and rubbish bin
Head to shoulders massage		<ul style="list-style-type: none"> • Suitable sofa/ chair 	<ul style="list-style-type: none"> • medium x 1 	
Full-body massage		<ul style="list-style-type: none"> • Suitable massage bed 	<ul style="list-style-type: none"> • big x 2 • medium x 2 	

6. For the massage service referred by the Smart Living, ERB has taken out \$10,000,000 (this is the single/cumulative claims amount within the policy effective period) professional indemnity insurance and public liability, respectively, to protect service users and referred masseurs. Clients should keep proper service records at “Smart Living – Monthly Service Record of the Corporate Client” (Appendix 1) in case of insurance claims. Any incomplete, unclear and/or incorrect records may lead to failure to confirm the Service Recipient and that s/he has received the massage service on the date of service, may thereby constitute to unsuccessful claims.
7. Registered corporations must take out the public liability insurance for their clients.
8. After receiving the massage service, each service recipient should sign on the “Monthly Service Record of the Masseur” to acknowledge the completion of service and pay in cash direct to the masseur immediately.

DECLARATION

Each client should read the “Healthcare Massage Service – Notice to Clients & Declaration” (Appendix 2) before receiving the massage service and acknowledge to accept the following declaration by signing on the “Monthly Service Record of the Masseur”:

1. I confirm that I am suitable to receive massage services/foot reflexology services.
2. I have notified the masseur of my disease(s)/special health condition(s) as required by the “Notice to Clients” and understand that failing to do so will not entitle me to claim against the ERB, RSC and/or the masseur.
3. I understand that all masseurs referred by “Smart Living” are providing massage services in the capacity of self-employed persons.
4. I understand that each masseur has a “Smart Living Masseur Card” (the “**Masseur Card**”) with a validity date. It is my right and responsibility to request the masseur to produce his/her Masseur Card for verification before I receive massage services. If I proceed to accept massage services even though the masseur is unable to produce a valid Masseur Card, it will not entitle me to claim against the ERB and/or RSC.
5. The masseur, ERB and/or RSC shall not be responsible for any personal injuries (including deaths) caused as a result of the masseur providing massage services, except for negligence on the part of the masseur, ERB and/or RSC.
6. The masseur, ERB and/or RSC shall not be responsible for any loss or damage of my personal properties.
7. The ERB and RSC shall not be responsible for any criminal acts of the masseur or any staff of the RSC.
8. The ERB and RSC shall not be responsible for any arrangement I made separately with the masseur for any services other than massage/foot reflexology services.
9. I shall respect the masseur’s professional conduct, and shall not make any unreasonable requests.

STATEMENT OF PURPOSES FOR PERSONAL DATA

1. Purpose for collecting and keeping personal data:
 - a) The personal data provided by you or by means of the Registration Form will be used by ERB and RSCs for job referral, statistical or survey purposes. The provision of personal data in the process of your registration is voluntary. However, if you do not provide sufficient information, we may not be able to provide the referral service to you.
 - b) For the above purposes, the personal data provided by you or by means of the Registration Form may be disclosed to job seekers, RSCs and appointed research companies.
 - c) ERB may use your personal data (including, but not limited to, name, address, email address and telephone number) for sending to you marketing information related to training courses, services, activities, facilities and related information of ERB (“Relevant Information”), through emails, SMS, direct mailing and telephone calls, etc. Your personal data may be transferred to companies commissioned by ERB for such purposes.
2. You are allowed to access to and/or obtain a copy of your personal data and/or to correct the personal data should the record be incorrect. ERB may collect a fee from you for a copy of your personal data.
3. You have rights of access to and correction of your personal data, obtain copies of your personal data, or object to the use of your personal data for direct marketing purposes. You may send your requests to the RSC to which you submitted the Registration Form or call ERB hotline at 182 182.

I confirm and agree to the above important notes.

I agree to the use of my personal data by ERB for sending me Relevant Information of ERB.

Signature of person-in-charge

Company Chop

Name of person-in-charge: _____

Date: _____



Smart Living - Monthly Service Record of the Corporate Client

(Corporate clients are required to keep proper service records in case of insurance claims.

Any incomplete, unclear and/or incorrect record may lead to failure to confirm the Service Recipient and that s/he has received the massage service on the Date of Service, may thereby, constitute to unsuccessful claims.)

Name of Corporation : _____ Service month : _____ year _____ month _____
 Registered tel no.: _____ Name of Referral Centre : _____ (Tel. : _____)

No	Date of Service	Service Hours			Total Service Fee	Masseur		Client	
		Foot Reflexology	Head to Shoulders Massage	Full-body Massage		Masseur No. & Name	Sign to acknowledge completion of service	Name of Service Recipient (Full name is required, not just surname)	Sign to acknowledge completion of service
1		min	min	min	\$			Ms /	
2		min	min	min	\$			Mr	
3		min	min	min	\$			Ms /	
4		min	min	min	\$			Mr	
5		min	min	min	\$			Ms /	
6		min	min	min	\$			Mr	
7		min	min	min	\$			Ms /	
8		min	min	min	\$			Mr	
9		min	min	min	\$			Ms /	
10		min	min	min	\$			Mr	
11		min	min	min	\$			Ms /	
12		min	min	min	\$			Mr	
13		min	min	min	\$			Ms /	
14		min	min	min	\$			Mr	
15		min	min	min	\$			Ms /	
								Mr	



Healthcare Massage Service - Notice to Clients & Declaration

1. Please read this Notice and Declaration carefully and sign on the “Monthly Service Record of the Masseur” **BEFORE** receiving massage services to accept the terms of the Declaration.
2. Please sign on the “Monthly Service Record of the Masseur” again after receiving massage services to acknowledge completion of the services.
3. Please pay the service fee to the masseur (unless another person/company pays on your behalf) upon completion of massage services.

NOTICE TO CLIENTS

Persons with the following disease(s)/condition(s) are not recommended to receive any massage services:

- bone tuberculosis (such as lumbar tuberculosis, hip tuberculosis, etc.) and joint diseases caused by pyogenic bacteria (such as pyogenic knee arthritis);
- intracerebral hemorrhage (stroke) (wait till bleeding has stopped for 2 weeks);
- pregnant or may have pregnant;
- after strenuous activity, too hungry, extreme fatigue, extreme weakness and dizziness;
- with contagious diseases; and
- any other diseases and conditions which will render a customer not suitable to receive massage services.

Persons with the following symptom(s)/condition(s) are not recommended to receive foot reflexology:

- 30 minutes before eating, or within 1 hour after eating (one piece of sandwich or one small bowl of noodles are acceptable);
- bleeding, including internal and external bleeding and menstruation;
- after operation (wait till the wound healed completely);
- extreme distress, agitation, nervousness and irritation;
- with contagious diseases; and
- any other symptoms and conditions which will render a customer not suitable to receive foot reflexology.

Persons with any of the above or the following disease(s)/condition(s), please notify the masseur:

- heart disease, diabetes, kidney disease, liver disease, epilepsy;
- malignant tumours, fractured bones, hemorrhage and internal bleeding, skin disease (such as eczema, psoriasis, herpes, abscesses etc.), damaged skin, scalds, fire burns or sprains as massage should be avoided in the affected areas;
- with contagious diseases; and
- any other diseases and special health conditions.

If you feel unwell or have any other unusual reactions after receiving massage services, you should seek medical advice immediately.

DECLARATION

I have read and understood clearly the terms set out in the above “Notice to Clients” and hereby declare the following:

1. I confirm that I am suitable to receive massage services/foot reflexology services.
2. I have notified the masseur of my disease(s)/special health condition(s) as required by the above Notice, and understand that failing to do so will not entitle me to claim against the Employees Retraining Board (ERB), Smart Living – Regional Service Centre (RSC) and/or the masseur.
3. I understand that all masseurs referred by “Smart Living” are providing massage services in the capacity of self-employed persons.
4. I understand that each masseur has a “Smart Living Masseur Card” (the “**Masseur Card**”) with a validity date. It is my right and responsibility to request the masseur to produce his/her Masseur Card for verification before I receive massage services. If I proceed to accept massage services even though the masseur is unable to produce a valid Masseur Card, it will not entitle me to claim against the ERB and/or RSC.
5. The masseur, ERB and/or RSC shall not be responsible for any personal injuries (including deaths) caused as a result of the masseur providing massage services, except for negligence on the part of the masseur, ERB and/or RSC.
6. The masseur, ERB and/or RSC shall not be responsible for any loss or damage of my personal properties.
7. The ERB and RSC shall not be responsible for any criminal acts of the masseur or any staff of the RSC.
8. The ERB and RSC shall not be responsible for any arrangement I made separately with the masseur for any services other than massage/foot reflexology services.
9. I shall respect the masseur’s professional conduct, and shall not make any unreasonable requests.

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