ITEM	SERVICE SPECIFICATION					
1	Contract Period  1st April 2022 to 31st January 2023					
2	Service Locations Sha Tin Tai Po North District					
3	Assessment Criteria Service quality and manpower stability shall be significant considerations for successful tenderer.					
4	Insurance and Business Registration Certificate  The Service shall be provided by the Contractor having valid Business Registration Certificate.  The Contractor shall at their own cost effect or procure a policy of medical malpractice liability and employees' compensation insurance policies in relation to the provision of the Service.					
5	Qualification Requirement  The occupational therapy and physiotherapy services shall be provided by registered occupational therapists or physiotherapists. They are required to possess a qualification recognized in Hong Kong under the Supplementary Medical Professions Ordinance (Cap. 359) and hold a valid practicing certificate issued under the Ordinance.  The speech therapy service shall be provided by speech therapists who are qualified language professionals providing evaluation and intervention for persons with swallowing and/or communication problems. The therapists should be i) the holders of a Hong Kong Bachelor's degree in Speech and Hearing Sciences, or equivalent; or ii) post-degree qualification in Speech and Language Science from a Hong Kong tertiary educational institution or equivalent.					
6	Service Session Requirement					
6a	The Contractor shall conduct assessment / training sessions to the service users of RCHEs/NH. Assessment / training sessions shall be rendered by qualified speech therapists, registered occupational therapists or physiotherapists. The training sessions shall be therapeutic or maintenance in nature.					

6b	The Contractor needs to bring their own equipment and assessment tools, an consumable materials required in the service provision to the RCHEs/NH for the delivery of trainings and assessments and any other service at their own cost.				
6с	The duration of each assessment / training session shall last no less than 35 minutes for direct service, excluding preparation time and follow-up work. The training sessions can be provided in the form of individual or group basis with group size of 2 to 8 Service Users/ Carers / Home staff. One group training session, regardless of the number of participants, shall be counted as one session.				
6d	No less than 5 minutes interval between each service session, and no less than 30 minutes lunch time for over 7 continuous working hours.				
6e	No more than 12 service sessions provided for whole day service.				
6f	The Contractor shall complete the number of service sessions for each month which shall be restricted by BOKSS.				
7	General Service Requirement				
7a	The Contractor must provide professional service to service users by following "The Guidelines for Providing Therapy in RCHEs" of BOKSS.				
7b	The contractor shall equip therapists with tablet or iPad accessible to the Internet for using the MOSTE System on site.				
7c	The Contractor shall not charge Service Users/Carers/Home staff or RCHEs / NH any fees for providing the service under MOSTE.				
7d	The Contractor must designate no more than two therapists for eac professional service for training or assessment sessions to be provided to eac RCHEs/ NHs.				
7e	The number of sessions provided in any week of a month cannot be more than 50% of the total number of sessions of the corresponding month.				
8	Submission of Record and Documentation				
8a	The actual working time of service session to each service users shall be reported on the service documents accurately.				
8b	The Contractor shall submit updated, true, accurate and complete service records and related documents to BOKSS within the mentioned period.				

8c	The Contractor shall submit his therapists' Availability Schedule of next month to BOKSS within the mentioned date.				
9	<u>Payment</u>				
9a	BOKSS will pay to the contractor the service fee according to the actual number of Service Sessions delivered to the RCHEs/ NH by the contractor under the agreement. It will be calculated on a monthly basis.				
9ь	Any cost incurred for maintaining the equipment and assessment tools, any consumable materials used in the services, and any related depreciations expenses, internet expenses or transportation costs will not be reimbursed by BOKSS.				
10	Service Negotiation and Acceptance				
10a	BOKSS reserves the right to arrange any kinds of professional service provided by successful tenderer.				
10b	Information of unsuccessful tenderer shall be archived for future consideration.				

### **TENDERER INFORMATION**

(I) Con	ıtact			
Company Name: (		(Eng)	(Chi)	
Contact	t Person:			
Tel No.:			_Fax No.:Email:	
Addres	s:			
	mpany Bac			
		hment:		
	fession of co		(Please tick as appropriate)	• • • •
☐ OT		☐ PT	☐ ST ☐ Other (please spec	eify):
(c) Exp	perience of S	Serving MOSTE	(Please list the latest three in chronological	order below)
No.	Year		Name of Organization(s)	Service Provided
	(From mm	/yy to mm/yy)		(OT / PT / ST)
1				
2				
3				
(d) Exp	perience of S	Serving RCHEs/	NHs (Please list the latest three in chronolo	gical order below)
No.	Year		Name of Organization(s)	Service Provided
	(From mm	/yy to mm/yy)		(OT / PT / ST)
1				
2				
3				
(e) Invo		n NGO's project	(s) (Except MOSTE) (Please list the latest the	nree in chronological order
No.	Year (From mm	/yy to mm/yy)	Name of Organization(s) / Project Name(	Service Provided (OT / PT / ST)
1		· · ·		
2				
3				

### **QUOTATION REPLY**

(I) Preferred location for	service deliver	y (please tick as appropriate)		
☐ Sha Tin		□ Tai Po	☐ North District	
(II) Please choose the pro		ce and quote the price with the	e number of minimum and n	maximum
Professional Service	Please tick the appropriate box	The <b>Minimum</b> number of Service Sessions to be complied from 1/4/2022 to 31/1/2023	The <b>Maximum</b> number of Service Sessions to be complied from 1/4/2022 to 31/1/2023	Price of Each Session (HK\$)
(EXAMPLE)	✓	1,000	5,000	200
Physiotherapy				
Occupational Therapy				
Physiotherapy				
Speech Therapy				
(III) Manpower Available Professional Service	Nui	mber of Therapist(s) / Year	<u> </u>	
(EXAMPLE) Physiotherapy	Full-Time: 2	$\frac{1}{2-5}$ year; Part-Time: $\frac{1}{3}$	year; Freelancer: $1/6$ y	ear
Occupational Therapy		/ year ; Part- / year	-Time:/	year;
Physiotherapy	Full-Time: _ Freelancer: _	/ year ; Part-	-Time:/	year;
Speech Therapy		/ year ; Part-	-Time:/	year;
Remark: The number of s		s and locations of service deliv	very to be offered by each s	ervice
		Company C	Chop & Signature of the Ter	nderer
		 Date:		