BOKSS Tender Document of 2026-2027 Provision of Professional Services
under the Multi-disciplinary Outreaching Support Teams
for the Elderly (MOSTE) in the New Territories East Cluster (BOKSS2025/03A)

ITEM	SERVICE SPECIFICATIONS
1	**Contract Period** 1st April 2026 to 31st March 2027
2	**Service Districts** 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 his 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 employee(s) sent by the Contractor must be qualified in accordance with the following: The occupational therapy and physiotherapy services shall be provided by registered occupational therapists and physiotherapists. They are required to possess recognized qualifications in Hong Kong under the Supplementary Medical Professions Ordinance (Cap. 359) and hold valid practicing certificates 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. Speech therapists are required to have at least One Year of geriatric work experience after graduation.
6	**Service Session Requirement**
6a	The Contractor shall conduct assessments / training sessions to the service users of RCHEs/NH. Assessments / training sessions shall be rendered by qualified speech therapists, registered occupational therapists or physiotherapists. The training sessions shall be therapeutic or maintenance in nature.

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6b	The Contractor needs to bring his own equipment and assessment tools, and consumable materials required in the service provision to the RCHEs / NH for the delivery of trainings and assessments and any other service at his own cost.
6c	The duration of each assessment / training session shall last no less than 35 minutes for direct service, excluding preparation time, administration 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 a 5-minute interval between each service session, and no less than 30 minutes for lunch time for 7 continuous working hours or more.
6e	No more than 12 service sessions provided for full-day service.
6f	The Contractor shall complete the number of service sessions for each month which is restricted by BOKSS.
6g	The Contractor shall follow the instruction by BOKSS, including but not limited to full-day or half-day, number and location of RCHEs / NH to be served by each service delivery, and etc.
7	**General Service Requirement**
7a	The Contractor must provide professional service to service users and comply with all service requirements and regulations by following "The Guidelines for Providing Therapy in RCHEs" of BOKSS.
7b	The contractor shall equip therapists with tablet computer or iPad accessible to the Internet for using the MOSTE System on site.
7c	The contractor shall equip therapists with suitable personal protective equipment (PPE) and comply with the latest infection prevention and control protocol of BOKSS (which will be updated from time to time) when providing professional service to service users.
7d	The Contractor shall not charge Service Users / Carers / Home staff or RCHEs / NH any fees for providing the service under MOSTE.
7e	The Contractor must designate no more than two therapists for each professional service for training or assessment sessions to be provided to each RCHEs / NHs.
7f	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.

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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' Monthly Available Schedule to BOKSS within the mentioned date.
9	**Payment**
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.
9b	Any cost incurred for maintaining the equipment and assessment tools, any consumable materials used in the services, including but not limited to PPE, 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.
10c	The tenderer shall submit complete and accurate information. BOKSS reserves the right to reject any tender that contains inaccurate or missing information.

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TENDERER INFORMATION

(I) Contact

Company Name: (Eng)_____ (Chi) _____

Contact Person: _____

Tel No.: _____Fax No.: _____Email: _____

Address: _____

(II) Company Background

(a) Year of Establishment: _____

(b)

1. Profession of company owner(s)/ management (Please tick as appropriate)

☐ OT ☐ PT ☐ ST ☐ Other (please specify): _____

2. Years of professional work experience

☐ Below 5 years ☐ 5-10 years ☐ 11-15 years ☐ Above 15 years

3. Relevant certificates / proof enclosed (eg. OT/PT: certificate of registration; ST: graduation certificate)

☐ Yes (If yes, please specify the number of documents enclosed: _____)

☐ No

(c) Experience of Serving MOSTE, except BOKSS (Please list the latest three years in chronological order below)

No.	Year (From mm/yy to mm/yy)	Name of Organization(s)	Service Provided (OT / PT / ST)
1			
2			
3			
4			
5			
6			

Relevant work proof / reference letter enclosed

☐ Yes (If yes, please specify the number of documents enclosed: _____)

☐ No

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(d) Experience of Serving RCHEs/ NHs (Please list the latest three years in chronological order below)

No.	Year (From mm/yy to mm/yy)	Name of RCHEs/ NHs	Service Provided (OT / PT / ST)
1			
2			
3			
4			
5			
6			

Relevant work proof / reference letter enclosed

☐ Yes (If yes, please specify the number of documents enclosed: _____)

☐ No

(e) Involvements in NGO's project(s) related to Elderly Services (Except MOSTE)

(Please list the latest three years in chronological order below)

No.	Year (From mm/yy to mm/yy)	Name of Organization(s) / Project Name(s)	Service Provided (OT / PT / ST)
1			
2			
3			
4			
5			
6			

Relevant work proof / reference letter enclosed

☐ Yes (If yes, please specify the number of documents enclosed: _____)

☐ No

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QUOTATION REPLY

(I) District preferred for service delivery (please tick as appropriate)

☐ Sha Tin ☐ Tai Po ☐ North District ☐ North District-Kwu Tung North (For ST Only)

(II) Please fill in the following fields as appropriate.

Provision of Professional Service	Please tick	The **Minimum** number of Service Sessions to be provided in **whole** service year (**1/4/2026** to **31/3/2027)**	The **Maximum** number of Service Sessions to be provided in **whole** service year (**1/4/2026** to **31/3/2027)**	Price of **Each Session** (HK$)
(EXAMPLE) Physiotherapy	✓	800 / year	2,000 / year	200
Occupational Therapy				
Physiotherapy				
Speech Therapy				

(III) Manpower Available for BOKSS MOSTE in **whole** service year (**1/4/2026** to **31/3/2027)**

Professional Service	Number of Therapist(s) / Year(s) of Work Experiences
(EXAMPLE) Physiotherapy	Full-Time: 2 / 2-5 year ; Part-Time: 1 / 3 year ; Freelancer: 1 / 6 year
Occupational Therapy	Full-Time: _____ / _____ year ; Part-Time: _____ / _____ year; Freelancer: _____ / _____ year
Physiotherapy	Full-Time: _____ / _____ year ; Part-Time: _____ / _____ year; Freelancer: _____ / _____ year
Speech Therapy	Full-Time: _____ / _____ year ; Part-Time: _____ / _____ year; Freelancer: _____ / _____ year

Remark: The number of service sessions and locations of service delivery to be offered by each tenderer are subject to negotiations.

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(IV) Relevant experience on provision of tele-rehabilitation

☐ Yes (If yes, please specify the number of reference letter enclosed: _____)

☐ No

(V) Equipment and Environment Provided for Tele-rehabilitation

No.	Equipment and Environment
1	
2	
3	
4	
5	

Company Chop & Signature of the Tenderer

_____

Date:

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