

Application Form

Information of Main Carer (Applicant):

Name: _____ Contact No.: _____

Gender: _____ Date of Birth: _____ Relationship w/ PwID: _____

*ID Card No. (first 4 words, e.g. A123): _____

Language: Cantonese Mandarin English Others (Please specify): _____

Address: _____

Preferable Means to obtain Service Phone Whatsapp
Information: Email: _____

Religion: None Catholic Christian Buddhist
 Others (please specify): _____

Information of Person with Disabilities (PwID):

Name: _____ Special School that
*Graduated from / Attend: _____

Gender: _____ Date of Birth: _____

Diagnosis ^{Note:}

Mentally Handicapped: Mild Moderate Severe Profound
 Autism Physically Handicapped Visually-impaired
 Others (Please specify): _____

(Note: The supporting documents / certificates must be presented at the first interview)

Service(s) that Currently Receive:

None Special School _____ Class Day Activity Centre
 District Support Centre Vocational Rehabilitation Services
 Residential Services (*private / subvented)
 Home Care Service for Persons with Severe Disabilities
 Others (Please Specify): _____

Family Information:

Name	Relationship w/ the PwID	Living with the PwID (✓)	Age	Education Level	Occupation	Remark

Emergency Contact:

Contact Person: _____ Relationship: _____ Contact No.: _____

Information of Referrer (if any):

Name: _____ Contact No.: _____

Name of School / Organization: _____

- Reason for Referral:
- Family Preparedness Support (for those who will graduate within two years)
 - Experiencing Transitional Difficulties from School to Adult Service
(No. of Years Admitted to the Adult Service: _____)
 - Experiencing Transitional Difficulties from School to Community
 - In Vulnerable Condition requiring Professional Support
 - Others (Please Specify): _____

Declaration of Collection and Handling Personal Data:

Please read this declaration before providing personal data to us:

1. We will collect necessary but not excessive personal data to provide suitable service to you. Date provided is of your own accord.
2. If data related to your family members, please inform them you are applying for our service.
3. Your personal data shall be accessed only by those who need to provide service to you. No other individual shall access your personal data without your verbal consent.
4. If we need to transfer your personal data to any outsiders (such as government agencies, other welfare organizations or professional service providers) in the course of our service, we must obtain your written consent before we can do so.
5. Your personal data shall be destroyed after three years from the date of withdrawal.
6. According to the Personal Data (Privacy) Ordinance, you can access and amend your personal data by submitting an application form and provide necessary information to service unit. Service unit may charge you a reasonable admin fee. Recipient of Comprehensive Social Security Assistance (CSSA) can apply for exemption or reduction on fee charging.
7. In order to ensure the correctness of your personal data, please inform us when there is any change of your personal data so that we can provide you with proper service.

Signature of the Applicant
(Main Carer):

Date:

** Delete as Appropriate*