

Membership ID:

Hong Kong PHAB Association
i-Point District Support Centre (Southern)
Membership Application Form & Instructions
(Filled by applicant/family members)

Photo **I. Personal Information:**

Name(Chinese): _____ (English): _____

Sex: M F HKID no.(Prefix English letter and next 4 digits) _____ Date of Birth: YYYY/MM/DD

Residential Address(Chinese): _____

Tel: (Home) _____ (Mobile) _____ Email address: _____

Emergency Contact Person: _____ Relationship with applicant: _____ Tel: _____

Residential Type: Home Special School HostelSubsidised Residential Care Homes/Private Homes(Licence / Certificate of Exemption)Other: _____Current Subsidy: Comprehensive Social Security Assistance (CSSA) / Disability Allowance/Community Care Fund /Other: _____Current Service: NilStudying at: _____ (School Name)Waiting for rehabilitation service: _____ (Type of service)Receiving rehabilitation service: _____ (Name of service provider)**II. Disability Category:**Physical Disability: Mobility aids _____Hearing Impairment Visual Impairment Speech Impairment Visceral disability Mental IllnessIntellectual Disability: *Mild/Moderate/Severe/Profound Down SyndromeAutism Spectrum *Attention Deficit/Hyperactivity DisorderSpecific Learning Difficulties, remarks: _____Other/Remarks: _____ (*delete as inappropriate)**III. Service Preference (you may select more than one):** Case Management Service Regular Groups and Activities Day Care Service Tutoring Service Holiday Care Service Individual Training and Support Service Home Respite Service Social and Recreational Activities Caregiver Support Service Other: _____ Physical Therapy Service Occupational Therapy Service Clinical Psychology Service Speech Therapy Service

IV. Personal Data Collection Statement

We, the Hong Kong PHAB Association, operate in accordance with the provisions of the Personal Data (Privacy) Ordinance and will handle the personal data provided by you in relation to this service, including the applicant and the care recipient, as follows:

1. To provide appropriate services, we will collect some of your personal data before or during the service. The data required will not exceed the actual needs. Your provision of personal data is voluntary.
2. If the data you provide involves other family members, please inform them about your request for our services.
3. The personal data you provide will only be used by staff who need to know such data for work purposes. No other person will have access to it without your (the data holder's) verbal or written consent.
4. If, in the course of providing our services, we need to disclose your personal data to external parties, such as government departments or other social service organizations, we will obtain your written consent in advance.
5. The data you provide will be destroyed three years after the end of the service.
6. You shall have the right to access and correct your personal data, which may require the payment of a reasonable administration fee. Please contact our staff if necessary.
7. Please ensure that the data you provide is accurate and up to date. Notify us of any changes as soon as possible to avoid delays in service.

V. Membership Guidelines:

- Membership runs from 1 April of the current year to 31 March of the following year. If a member wishes to renew their membership, they can complete the renewal form at the centre from 2 January.
- Members wishing to withdraw can complete a withdrawal form at the centre. Membership fees are non-refundable.
- Failure to pay the annual membership fee by 31 March will result in automatic termination of membership. If the member still requires the services of the centre, they may re-register as a member.
- If a service user is deemed no longer be suitable for using the service, the centre will make referrals and terminate the service.
- The centre reserves the right to refuse service to any member whose behaviour poses a risk to others or who does not meet the eligibility criteria for services, while ensuring the safety and rights of other centre users.
- If a member feels uncomfortable during centre activities, the centre will address this immediately. In special circumstances as assessed by professional staff, the centre may arrange hospital transport and notify family/caregivers.

VI. Applicant's Consent to Receive Service Information (may select more than one answer):

Email Mail WhatsApp

I, hereby:

1. **Understand and agree to the contents of the Personal Data Collection Statement and Membership Guidelines.**
2. **Agree /** **Disagree to the use and distribution of photos/videos of myself and other family members taken during HKPHAB's service for promotional and marketing purposes (including but not limited to publications, the internet, mass media, etc.).**

Applicant Name: _____ Applicant signature: _____ Date: _____

Dependent name: _____ Dependent signature: _____ Date: _____

For office use

Upon verification of the information provided (Certification of Disability) and receipt of payment, formal acceptance will be granted.

Documents verified, includes: _____

Membership Fee Received: Cash Cheque no.: _____ Formal Acceptance Date: _____

Staff Name: _____ Position: _____

Signature: _____ Date: _____