

Hong Kong Christian Service To-gather Parents Resource Centre

Membership Registration Form

Membership Details	<input type="checkbox"/> New member		Membership Application : (Multiple Selections)			<input type="checkbox"/> 1 Year \$21 <input type="checkbox"/> 3 Year \$60 <input type="checkbox"/> Life Membership \$200 <input type="checkbox"/> Free (user of our agency's child rehabilitation service, please specify: _____)		
	<input type="checkbox"/> Renewal		<input type="checkbox"/> Kwun Tong <input type="checkbox"/> Shamshuipo					
Personal Information	Name	Telephone	Sex	Date of Birth (Date/Month/Year)	Country of Origin	Relationship with Person with special needs	Educational Status (Grade)	Job / School
Name of Applicant			M / F	/ /				
Spouse			M / F	/ /				
Name of Person with Special Needs	①		M / F	/ /				
	②		M / F	/ /				
Other Family Members			M / F	/ /				
			M / F	/ /				

Address

<p>Person with special needs ① is</p> <p><input type="checkbox"/> Not receiving any service</p> <p><input type="checkbox"/> Waiting for the following service</p> <p><input type="checkbox"/> A. Early Education and Training Centre</p> <p><input type="checkbox"/> B. Integrated Program in Kindergarten-cum-Child Care Centre</p> <p><input type="checkbox"/> C. On-site Pre-school Rehabilitation Services</p> <p><input type="checkbox"/> D. Special Child Care Centre</p> <p><input type="checkbox"/> E. Training Subsidy Program for Children on the Waiting List of Subvented Pre-school Rehabilitation Services</p> <p><input type="checkbox"/> F. Special Schools</p> <p><input type="checkbox"/> G. School-based Support Service for Primary and Secondary School</p>	<p><i>Please "✓" the suitable boxes</i></p>	<p>Person with special needs ② is</p> <p><input type="checkbox"/> Not receiving any service</p> <p><input type="checkbox"/> Waiting for the following service</p> <p><input type="checkbox"/> Receiving the following service</p> <p><input type="checkbox"/> A <input type="checkbox"/> G</p> <p><input type="checkbox"/> B <input type="checkbox"/> H</p> <p><input type="checkbox"/> C <input type="checkbox"/> I</p> <p><input type="checkbox"/> D <input type="checkbox"/> J</p> <p><input type="checkbox"/> E <input type="checkbox"/> K</p> <p><input type="checkbox"/> F <input type="checkbox"/> L</p> <p><input type="checkbox"/> M Others: _____</p>
<p>① Types of Special Needs:</p> <p><input type="checkbox"/> ID Intellectual Disability</p> <p><input type="checkbox"/> HI Hearing Impairment</p> <p><input type="checkbox"/> AS Autism Spectrum Disorders</p> <p><input type="checkbox"/> MI Mental Illness</p> <p><input type="checkbox"/> SLD Special Learning Difficulties</p> <p><input type="checkbox"/> DD Developmental Delay</p> <p><input type="checkbox"/> PR Prematurity</p>	<p><input type="checkbox"/> H. Day Activity Centre</p> <p><input type="checkbox"/> I. Sheltered Workshop</p> <p><input type="checkbox"/> J. Integrated Vocational Rehabilitation Services Centre</p> <p><input type="checkbox"/> K. Residential Service</p> <p><input type="checkbox"/> L. District Support Centre for Persons with Disabilities</p> <p><input type="checkbox"/> M. Others: _____</p>	<p>② Types of Special Needs:</p> <p><input type="checkbox"/> ID <input type="checkbox"/> PD <input type="checkbox"/> HI</p> <p><input type="checkbox"/> VI <input type="checkbox"/> AS <input type="checkbox"/> DS</p> <p><input type="checkbox"/> MI <input type="checkbox"/> AD <input type="checkbox"/> SLD</p> <p><input type="checkbox"/> GD <input type="checkbox"/> DD <input type="checkbox"/> SD</p> <p><input type="checkbox"/> PR <input type="checkbox"/> OS: _____</p>

<p>① Intellectual Ability:</p> <p><input type="checkbox"/> Gifted <input type="checkbox"/> Normal <input type="checkbox"/> Borderline <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown</p>	<p>② Intellectual Ability:</p>
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I agree to receive centre's information by the following method(s): Whatsapp Mail

I have read and agreed with the content of "Notice of Membership Application" stated overleaf.

Signature of Applicant:	Date
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Membership fee received : 1-Year \$21 3-Year \$60 Life Membership \$200

Waived (Reason: SFA(Full/Half Grant) CSSA Low income family CRS service users)

Receipt No.: _____ Staff Signature: _____ Date : _____ Membership Expiry Date: _____

For staff to fill in

Information on Membership Application

Members could use the centre's facilities, participate in different classes and activities and receive counselling service. Newsletter will be sent to our members regularly to introduce different activities and services. Each family is entitled to have one membership. Membership and membership card is not transferable.

Membership System

1. All types of persons with special needs or their family members or relatives are eligible to apply as members.
2. The membership is on family basis and the fee is \$21 annually. The membership will be expired on 31st March every year.
3. Membership fee will be waived for families with Student Financial Assistance (full grant or half grant) or under Comprehensive Social Security Assistance Scheme or low-income.

Application Procedure

Applicants can obtain the membership application form from our website or our centre in person. Please complete and return the form with a crossed cheque (payable to "Hong Kong Christian Service") to our centre.

Membership Renewal

The membership will be expired on 31st March every year. Members could renew their membership on 1st January every year.

Loss of Membership Card

Please contact our duty officer for application of a new membership card. The re-application fee is \$10.

Membership Withdrawal

Members who want to withdraw from the service must notify the centre in writing. Upon receiving the withdrawal notice, our centre will immediately terminate the membership status, while the membership fee is non-refundable. Members who do not renew their membership on or before expiration will be considered leaving the service voluntarily.

Approval on the Use of Photos

Our centre will take photographs during the process of the groups or activities. Those photos will be used for record and publication such as agency annual report, centre's report, and noticeboard.

Use of Personal data

Our centre will use your or your family members' data for the purpose of rendering suitable service such as service application, counselling service, service monitoring, staff supervision and training, service evaluation and referral etc. All data provided will be kept confidential.

Our centre and agency will also use the data for communication, research/ analysis/ statistics, funding, and promotion etc.

Access to or Correction of Personal Data

You have the right to request access to and correction of your own personal data in accordance with the Personal Data (Privacy) Ordinance. However, an administration fee is applied for obtaining a copy of the personal data.

The personal data in the membership application form will be destructed after two years of membership withdrawal.