

**Social Welfare Department**

Application for 《Training Subsidy Programme for Children on the Waiting List of Subvented Pre-school Rehabilitation Services》

For official use only

Application No. \_\_\_\_\_

Date of Receipt \_\_\_\_\_

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**Notes:**

1. Parent or guardian of applicant child should read carefully the “Brief on Training Subsidy Programme for Children on the Waiting List of Subvented Pre-school Rehabilitation Services” and the section of “Personal Information Collection Statement” of this application form before filling in the information.
2. Please complete the form in block letters using black or blue pen.
3. Parent or guardian of the child concerned should submit the completed application form, together with copies of the supporting documents listed in **Part 5, by post or by hand** to:

(For proper delivery of mail items, please ensure the mail items bear sufficient postage)

**Rehabilitation and Medical Social Services Branch (LTTC Office)**  
**Social Welfare Department**  
**Room 118, 1/F, Lady Trench Training Centre,**  
**44 Oi Kwan Road, Wan Chai, Hong Kong**

**Part 1 Particulars of Child Applicant**

Name in English: \_\_\_\_\_ Name in Chinese (if any): \_\_\_\_\_

\*Hong Kong Birth Certificate/Identification Document No./Others (Please specify: \_\_\_\_\_): \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Sex: \* Male/Female \_\_\_\_\_

Residential Address: \_\_\_\_\_  
 \_\_\_\_\_

CRSRehab No. : P \_\_\_\_\_

**Part 2 Personal Particulars of Parent or Guardian (Parent/Guardian should be the same as Part 6)**

Name: \_\_\_\_\_ Identification Document No.: \_\_\_\_\_

Relationship with the Child: \_\_\_\_\_ Contact No.: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Correspondence Address: \_\_\_\_\_  
 (If different from the above address) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Part 3 Choice of Service Provider**

Please refer to the “List of Service Providers” attached and fill in the code and name of service units chosen. SWD will, as far as possible, arrange the service provider according to applicant’s preferences and the actual service quota available.

| Order          | Service Unit Code | Service Unit Name |
|----------------|-------------------|-------------------|
| First Choice:  | RSP               |                   |
| Second Choice: | RSP               |                   |
| Third Choice:  | RSP               |                   |

\* Please delete as appropriate.

#### Part 4 Financial Condition of Family Members

(If the child applicant is on the waiting list of SCCC/RSCCC service, please go to Part 5)

1. Are the child applicant and the family members living with him/her currently receiving Comprehensive Social Security Assistance (CSSA)?  
(If the answer is “Yes”, please go to Part 5 and submit Annex of “Notification of Successful Application Certificate” issued by Social Welfare Department to CSSA recipients)  Yes  No
2. The household size of child applicant and family members (see Note 1) :  
(Only refer to the father, mother, brother or sister living together with the child in Hong Kong) \_\_\_\_\_ person(s)

3. Particulars of family members living with the child applicant and their monthly income are as follows: (see Note 2) (If the space provided is not enough for filling the details of all the family members living with the child, please photocopy this page for completion and sign on the copy)

| Name   | Relationship with the child applicant | Situation/<br>Source of income   | Monthly income in the past three months (HKD) |                      |                      |
|--|---------------------------------------|--|---|----------------------|----------------------|
|  |                                       |  | __/20__<br>(mm/yyyy)                          | __/20__<br>(mm/yyyy) | __/20__<br>(mm/yyyy) |
|  | Child applicant                       | *Infant/Student/Others<br>(Please specify): _____  | \$  | \$                   | \$                   |
|  | Father                                | *Employment (Occupation: _____)/<br>Unemployed/Others<br>(Please specify): _____               | \$  | \$                   | \$                   |
|  | Mother                                | *Employment (Occupation: _____)/<br>Unemployed/Others<br>(Please specify): _____               | \$  | \$                   | \$                   |
|  | *Brother/Sister                       | *Employment (Occupation: _____)/<br>Unemployed/Minor/Student/Others<br>(Please specify): _____ | \$  | \$                   | \$                   |
|  | *Brother/Sister                       | *Employment (Occupation: _____)/<br>Unemployed/Minor/Student/Others<br>(Please specify): _____ | \$  | \$                   | \$                   |
| <b>Total monthly household income in the past three months</b> |                                       |  | <b>\$</b>                                     | <b>\$</b>            | <b>\$</b>            |

If the total monthly household income in the past three months are ‘0’, please give reasons (e.g. living on savings)

**Note 1:** Including legally recognised adoptive parents/children and illegitimate children with proof of parentage.

**Note 2:** The monthly household income refers to the average monthly income for **the three months preceding the date of submission of application** and includes (for income not paid on monthly basis, e.g. double pay and bonus etc., it should be spread over the period concerned for calculation):

- Earnings from employment:** salary, double pay/leave pay, job allowance, bonus/commission/tips, income from rendering services and profits from business, etc.
- Other income:** maintenance from children, contributions from relatives/friends, alimony, monthly pension/widow’s and children’s compensation, payout from the annuity scheme(s), profits from investment, interests from fixed deposits, stock and shares, rental income etc.

Income **excludes** employee’s mandatory contribution to a Mandatory Provident Fund Scheme, financial assistance provided by the Government, charitable donations and financial assistance from other assistance programmes of the Community Care Fund, etc.

\* Please delete as appropriate. /  Please tick the appropriate box(es).

#### Part 5 Submission of Supporting Documents

I hereby submit **copies** of the following supporting documents for the sake of the application:

- Identification document/birth certificate of the child concerned
- Identification document of the parent or guardian (not required if the person concerned is a social worker of SWD)
- Annex of “Notification of Successful Application Certificate” issued by Social Welfare Department to CSSA Recipients (if applicable)

**Part 6 Declaration and Undertaking by Parent or Guardian**  
**(Parent/ Guardian should be the same as Part 2)**

1. I, the undersigned, declare that I am the parent or guardian of the child applicant in Part 1 of this application form.
2. I have read/have been read and explained the “Brief on Training Subsidy Programme for Children on the Waiting List of Subvented Pre-school Rehabilitation Services” and the section of “Personal Data Collection Statement” of this application form and fully understand the contents.
3. I hereby give consent to the Social Welfare Department (“SWD”) for using the data provided by me, including my personal data, the personal data of the child applicant and his/her family members living together, for purposes in connection with the provision of appropriate assistance or service which is relevant to my/the child applicant’s needs, including but not limited to the processing of my application under “Training Subsidy Programme for Children on the Waiting List of Subvented Pre-school Rehabilitation Services (Training Subsidy Programme)” (including checking and/or investigation of the eligibility of the child applicant); provision of subsidised services to the child applicant; monitoring and reviewing of services, conducting of researches and surveys, and for discharging statutory duties. I consent that for the above purposes, SWD may transfer the data internally and disclose them to other parties which are involved in the assessment of my application or in the provision of appropriate service/assistance which is relevant to my/the child applicant’s needs, such as government bureaux/departments, non-governmental organizations (NGOs) and public utility companies.
4. I confirm that I have consulted the child applicant and his/her family members living together which are mentioned in this application form, and have secured their prescribed consent that SWD could use their personal data in its possession and obtain their data from other government bureaux/departments, service providers, NGOs and public organizations for the purposes of verifying the data collected by SWD and investigating the eligibility of the child applicant under the Training Subsidy Programme. If I am the “relevant person” in relation to the child applicant under the Personal Data (Privacy) Ordinance, and the child applicant is incapable of understanding the new purpose of using his/her personal data or deciding whether to give the prescribed consent, I hereby, on the child applicant’s behalf, give the prescribed consent to SWD for using his/her data in its possession and obtaining his/her personal data from the above public and private organizations for the provision appropriate assistance or service which is relevant to my/the child applicant’s need, including verifying the data collected by SWD and investigating the eligibility of the child applicant under the Training Subsidy Programme.
5. I understand and agree that SWD has the right to conduct comprehensive checking in the course of processing this application or after the child applicant has received the subsidised services to ensure the authenticity, integrity and accuracy of all data submitted by me. I also understand that I/the child applicant and his/her family members living together have to cooperate fully with SWD, which includes providing detailed income information and any other information to SWD for checking. SWD otherwise has the right to disqualify the application of the child applicant and to request my payment of the fees charged for the subsidised services rendered. I also agree and undertake to refund the amount certified by SWD as overpayment to the child applicant by SWD under the Training Subsidy Programme.
6. I declare that all data in this application form and other data submitted/to be submitted under this Training Subsidy Programme are true and correct, and I undertake to notify SWD forthwith of any changes in the data submitted. I understand that if I knowingly or willfully make any false statement, withhold any data or mislead SWD in any other manner to obtain subsidised services under this Training Subsidy Programme, it will render me liable to prosecution. I understand that the deliberate provision of false data or omission of data in order to obtain subsidised services under this Training Subsidy Programme by deception is a criminal offence. In addition to the consequence of being ineligible for the subsidised services under this Training Subsidy Programme, it will render me liable to prosecution and on conviction to imprisonment for a maximum of 14 years under the Theft Ordinance (Cap 210).
7. I understand and agree that SWD will disclose the placement information under CRSRehab-PS of the child applicant to Recognised Service Providers so as to facilitate smooth service transition and to ensure effective use of social resources.

Parent or Guardian: \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(Name)

Date: \_\_\_\_\_

## **Personal Information Collection Statement**

**Please read this notice before you provide any personal data<sup>1</sup> to the Social Welfare Department**

### **Purposes of Collection**

1. The personal data supplied by you will be used by the Social Welfare Department (SWD) and/or those non-governmental organisations (“NGOs”) which receive subventions or subsidies from or which are commissioned by SWD to provide you and/or your family members with assistance or service from SWD and/or the aforementioned NGOs which is relevant to the needs of you and/or your family members, including but not limited to monitoring and reviewing of services, handling complaints related to the services provided to you and/or your family members, conducting of researches and surveys, preparing statistics and discharging statutory duties. The provision of personal data to SWD is voluntary. However, if you are unable to provide the required personal information, we may not be able to process your application or provide assistance/service to you and/or your family members.

### **Classes of Transferees**

2. The personal data you provide will be made available to persons working in SWD on a need-to-know basis. Apart from this, they may be disclosed to the parties or in the circumstances listed below for the purposes mentioned in paragraph 1 above
  - (a) Other parties such as government bureaux/departments, the Hospital Authority, NGOs and public utility companies if they are involved in:
    - i. processing and/or assessing any application from you and/or your family members for the provision of service/assistance to you and/or your family members by SWD and/or the NGOs mentioned in paragraph 1 above;
    - ii. the provision of service/assistance to you and/or your family members by SWD and/or the NGOs mentioned in paragraph 1 above; or
    - iii. monitoring and reviewing of the services provided by SWD and/or the NGOs mentioned in paragraph 1 above or preparing statistics;
  - (b) Complaint handling authorities such as the Office of the Ombudsman, the Office of the Privacy Commissioner for Personal Data, the Social Workers Registration Board, the Legislative Council, etc. if they are handling complaints about the services or assistance provided to you and/or your family members by SWD;
  - (c) Where such disclosure is authorised or required by law; or
  - (d) Where you have given your prescribed consent to such disclosure.

### **Access to Personal Data**

3. You have the right to request access to and correction of your personal data held by SWD in accordance with the Personal Data (Privacy) Ordinance, Cap 486. A fee is charged for supplying copies of personal data. Requests for access to and correction of personal data collected by SWD should be made in writing to Senior Social Work Officer (Pre-school Rehabilitation Services)<sup>2</sup> by post at Room 901, 9/F, Wu Chung House, 213 Queen’s Road East, Wan Chai, Hong Kong. For enquiries, please contact 3791 2711.
4. For further explanation about SWD’s Data Protection Policy, please refer to the following website:  
[https://www.swd.gov.hk/en/index/site\\_accinfo/page\\_dataprotec/](https://www.swd.gov.hk/en/index/site_accinfo/page_dataprotec/)

<sup>1</sup> Under the Personal Data (Privacy) Ordinance, Cap. 486, personal data means any data –

(a) relating directly or indirectly to a living individual;

(b) from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and

(c) in a form in which access to or processing of the data is practicable.