

Part 2 Particulars of Parent/Guardian

Name in English: _____ Name in Chinese (if any): _____
(Surname) (Given Name)

Identification document no.: _____ () Type of document: Hong Kong Identity Card
 * Passport / Mainland Resident Identity Card
 Others (Please specify): _____

Relationship with the applicant: * Father / Mother
 Guardian
 Others (Please specify): _____

Contact no.: (Home) _____ (Mobile) _____

Correspondence address (If different from the applicant's address) : _____

Email Address: _____

Your concerns on the child: _____
(please write in a separate sheet if necessary) _____

Part 3 Submission of Supporting Documents

I hereby submit **copies** of the following supporting document for the application for Pilot Scheme on On-site Pre-school Rehabilitation Services and I agree to provide the original documents for verification purposes:

- Identification document/ birth certificate of the applicant
- Identification document of the parent or guardian
- Notification of Registration for Rehabilitation Services – Central Referral System for Rehabilitation Services (CRSRehab-PS Form 1B) (*if applicable*)
- Letter of Acceptance of Application of Training Subsidy Programme for Children on the Waiting List of Subvented Pre-school Rehabilitation Services (*if applicable*)
- Follow-up Card/Appointment Slip issued by Child Assessment Centre (*if applicable*)
- Others (Please specify): _____

Part 4 Declaration and Undertaking by Parent/Guardian

1. I, the undersigned, declare that I am parent/ guardian and the “relevant person” in relation to the applicant in Part 1 under the Personal Data (Privacy Ordinance).
2. I have read/have been read and explained the “Notes to Parent/Guardian – Pilot Scheme on On-site Pre-school Rehabilitation Services” for the relevant Pilot Scheme, the “Consent to Collection & Disclosure of Personal Data” and the section of “Personal Information Collection Statement” of this application form and fully understand the contents.
3. I hereby give consent to [the Project Operator] for using the data provided by me, including my personal data/the personal data of me and the applicant for purposes in connection with the provision of appropriate assistance or service under the Pilot Scheme on On-site Pre-school Rehabilitation Services which is relevant to my/the applicant's needs, including but not limited to the processing of my application/my application made on the applicant's behalf under the Pilot Scheme on On-site Pre-school Rehabilitation Services (including checking and/or investigation of my/the

applicant's eligibility for the Pilot Scheme on On-site Pre-school Rehabilitation Services); monitoring and reviewing of services, conducting of researches and surveys, and for discharging statutory duties. I consent that for the above purposes, [the Project Operator] could transfer the data internally and disclose them to the following parties: the Social Welfare Department and other parties which are involved in the assessment of my application/my application made on the applicant's behalf or in the provision of appropriate service/assistance to me/the applicant, such as government bureaux/departments, non-governmental organisations (NGOs) and public utility companies.

4. I confirm that I give prescribed consent that [the Project Operator] could use my personal data in its possession and obtain my data from other government bureaux/departments, service providers, NGOs and public organisations for purposes in connection with the provision of appropriate assistance or service under the Pilot Scheme on On-site Pre-school Rehabilitation Services which is relevant to my/the applicant's needs, including verifying the data collected by the Project Operator and investigating my/the applicant's eligibility for the Pilot Scheme on On-site Pre-school Rehabilitation Services. I am the "relevant person" in relation to the applicant under the Personal Data (Privacy) Ordinance, and the applicant is incapable of understanding this new purpose of using his/her personal data and deciding whether to give the prescribed consent. I hereby, on the applicant's behalf, give the prescribed consent to [the Project Operator] for using his/her data in its possession and obtaining his/her personal data from the above public and private organisations for the provision of appropriate assistance or service under the Pilot Scheme on On-site Pre-school Rehabilitation Services which is relevant to my/the applicant's needs, including verifying the data collected by [the Project Operator] and investigating the eligibility of the applicant for the Pilot Scheme on On-site Pre-school Rehabilitation Services.
5. I understand and agree that [the Project Operator] have the right to conduct comprehensive checking in the course of processing this application made by me/made by me on the applicant's behalf or after the provision of services under the Pilot Scheme on On-site Pre-school Rehabilitation Services to ensure the authenticity, integrity and accuracy of all data submitted by me. I and the applicant have to cooperate fully with [the Project Operator], which includes providing detailed information of waitlisting status and any other information to [the Project Operator] for checking. [The Project Operator] otherwise have the right to disqualify my/the applicant's application.
6. I declare that all data in this application form and other data submitted/to be submitted under the relevant Pilot Scheme are true and correct, and I undertake to notify [the Project Operator] 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 [the Project Operator] in any other manner to obtain services under the relevant Pilot Scheme, it will render me liable to prosecution.

Parent/ _____ (Signature)

Date: _____

Guardian: _____ (Name)

(DD/MM/YY)

Personal Information Collection Statement

Purposes of Collection

1. The personal data provided by you will be used by [the Project Operator] to provide appropriate assistance or service under assistance programmes of the Pilot Scheme on On-site Pre-school Rehabilitation Services which is relevant to your/the applicant's needs, including but not limited to the processing of your application, checking and investigation of your/the applicant's eligibility, monitoring and reviewing of services, conducting of researches and surveys, and for discharging statutory duties. The provision of personal data to [the Project Operator] is voluntary. If you do not provide sufficient and accurate personal data, [the Project Operator] may not be able to process your application or provide assistance/service to you/the applicant.

Classes of Transferees

2. The personal data you provide will be made available to officers of [the Project Operator] on a need-to-know basis. Apart from this, they may only be disclosed to the relevant parties or in the circumstances listed below:-

- (a) Other parties such as government bureaux/departments, non-governmental organisations and public utility companies if they are involved in the assessment of your application, including your/the applicant's eligibility, or the provision of service/assistance to you/the applicant;
- (b) Social Welfare Department;
- (c) Where you have given consent to such disclosure; and
- (d) Where such disclosure is authorised or required by law.

Personal Data Access and Correction Requests

3. You have a right of access to and correction of your personal data held by the Project Operator. Your requests for access to or correction of your personal data should be addressed to:

Post:[Project Operator's Supervisor]

Address: [Project Operator's Address]

Telephone No.: [Project Operator's telephone number]

Pilot Scheme on On-site Pre-school Rehabilitation Services
Consent to Collection & Disclosure of Personal Data

I, the undersigned, declare that I am the parent or guardian of the applicant.

I have read/have been read and explained the “Notes to Parent/Guardians – Pilot Scheme on On-site Pre-school Rehabilitation Services”, “Consent to Collection & Disclosure of Personal Data”, and the section of “Personal Data Collection Statement” of the application form and fully understand the contents.

I hereby give consent to the Social Welfare Department (“SWD”) for using the data provided by me, including my personal data and the personal data of the applicant, for purposes in connection with the provision of appropriate assistance or service under the Pilot Scheme on On-site Pre-school Rehabilitation Services which is relevant to my/the applicant’s needs, including but not limited to the processing of my application under Pilot Scheme on On-site Pre-school Rehabilitation Services (including checking and/or investigation of the eligibility of the applicant); provision of services under the Pilot Scheme on On-site Pre-school Rehabilitation Services to the applicant; monitoring and reviewing of services (including evaluative study of the Pilot Scheme on On-site Pre-school Rehabilitation 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 this application or in the provision of appropriate service/assistance which is relevant to my/the applicant’s needs, such as government bureaux/departments (including, the Department of Health), non-governmental organizations (NGOs) (including the institution/research body appointed by SWD to conduct the evaluative study) and public utility companies (including the Hospital Authority).

I confirm that I give prescribed consent that SWD could use my personal data in SWD’s possession and obtain my data from other government bureaux/department, service providers, NGOs, and public organisations for the purposes of verifying the data collected by SWD for the Pilot Scheme on On-site Pre-school Rehabilitation Services and investigating the eligibility of the applicant under the Pilot Scheme on On-site Pre-school Rehabilitation Services. I am the “relevant person” in relation to the applicant under the Personal Data (Privacy) Ordinance, and the 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 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 organisations for the provision appropriate assistance or service under the Pilot Scheme on On-site Pre-school Rehabilitation Services which is relevant to my/the applicant’s need, including verifying the data collected by SWD for the Pilot Scheme on On-site Pre-school Rehabilitation Services and investigating the eligibility of the applicant under the Pilot Scheme on On-site Pre-school Rehabilitation Services.

I understand and agree that SWD and the Project Operator have the right to conduct comprehensive checking in the course of processing this application or when the applicant is receiving the services under the Pilot Scheme on On-site Pre-school Rehabilitation Services to ensure the authenticity, integrity and accuracy of all data submitted by me. I also understand that I/the applicant has to cooperate fully with SWD, which includes providing detailed information of waitlisting status and any other information to SWD and the Project Operator for checking. SWD and the Project Operator otherwise have the right to disqualify the application of the applicant.

I agree that a photocopy of this consent is valid as the original. I understand that a written notice to SWD and the Project Operator is needed for revocation of this consent. This consent shall remain valid unless and until written notice of my revocation is received by SWD and/or the Project Operator.

Name of Applicant: _____

Signature: _____

Identity Document No.
of Applicant: _____

Name of Signatory: _____

Identity Document No.: _____

Relationship with
Applicant: _____

(Father/Mother/Guardian)

Date: _____

{ DD/MM/YY }

**Watchdog Early Education Centre
Pilot Scheme on on-site pre-
School rehabilitation services-School success for all children**

Requirements of the Scheme

1. Regular and punctual attendance is essential for optimum benefit of the programme. Therefore your cooperation of bringing in your child to all the programme as scheduled on time are necessary.
2. Kindly call the school or Watchdog Centre if your child is unable to attend his/ her arranged sessions. Watchdog Centre: 2377 9666(Jordan Centre) or 25217364(Central Centre). Please state,
 - a) Child's name
 - b) Telephone number
 - c) Child's school, class and teacherOr notify the centre/school in advance so our staff can plan accordingly.
3.
 - a) Notice of withdrawal is required 1 month in advance to ensure therapists and teacher have enough time to complete the discharge report for your future use and records.
 - b) A notice of withdrawal form is attached for your future use.
4. Parents are encouraged to talk to our teacher/therapist about your child's training sessions and to keep in constant touch with your child's progress and program.
5. Parents are required to update us on the waitlist status of CRSRehab. Our service provision will last until:
 - a) 31st Aug of the year if the child reaches 6 years old by then
 - b) The child enters primary school
 - c) The child does not need any therapy input after being assessed by the our team
 - d) The day before the child leaves the participating kindergarten
 - e) The child accepts decides to take TSP/EETC/ICCC/SCCC service
 - f) The child no longer needs any rehabilitation service after being assessed by medical officer
 - g) The child is no longer lining up for CRSRehab service/pending for assessment.
6. This contract is subject to revision periodically and when necessary.

I understand and accept the above terms of the Watchdog Early Education Centre

I hereby authorise the Watchdog Early Education Centre to provide any other programmes or therapies suitable to enhancing my child's normal development. These may include music therapy, physiotherapy, speech therapy or occupational therapy.

While I understand that all care has been taken to ensure the safety and well-being of my child, I do not hold the Centre, or volunteer, responsible, should any mishap occur.

Name of Parent : _____Date:_____

Signature : _____

N.B. Keep your own copy