

## Social Welfare Department

### **Application Form for The IT Scheme for People with Visual Impairment (For Individual Applicants with Visual Impairment)**

(Note: The applicant and nominating organisation are advised to read thoroughly the Information Note on this Scheme before completing this form.)

#### **Part A (To be filled in by the applicant)**

[Please  where applicable; and \* delete where inappropriate.]

#### (1) Application Items <sup>Note</sup>

- High-performance Chinese Screen Reader  
(model: *Chinese JAWS*/\_\_\_\_\_\*)  
(Sale Price: HK\$\_\_\_\_\_; subsidy amount requested: HK\$\_\_\_\_\_)
- Braille (model: *Focus 40/ PAC Mate*/\_\_\_\_\_\*)  
(Sale Price: HK\$\_\_\_\_\_; subsidy amount requested: HK\$\_\_\_\_\_)
- Accessories/Portable Devices (i.e. Desktop CCTV/Optical Reading Machine/Braille Embosser/Portable Magnifier/Personal Note-taker \*)  
(Sale Price: HK\$\_\_\_\_\_; subsidy amount requested: HK\$\_\_\_\_\_)

The items are used for:     Studies             Employment

#### (2) Personal/ Family Particulars

a. Name: _____ (in English)		(in Chinese)
b. Sex/ Age: _____	c. Date of Birth: _____	
d. Identity Card No.: _____	e. Phone No.: _____	
f. Address: _____		
g. Education Level:		
<input type="checkbox"/> Primary 6 or below	<input type="checkbox"/> Junior/Senior* Secondary	<input type="checkbox"/> Secondary Graduate
<input type="checkbox"/> Post-secondary	<input type="checkbox"/> University	<input type="checkbox"/> Others (please specify: _____)
h. Disability Allowance: <input type="checkbox"/> Yes (File No.: _____) <input type="checkbox"/> No		
i. CSSA: <input type="checkbox"/> Yes (Case No.: _____) <input type="checkbox"/> No		

<sup>Note</sup> Except for items which are distributed locally by sole suppliers, application for procurement of high-performance screen reader and/or Braille display and/or Accessories /Portable Devices mentioned in Part A (1) should be provided with at least **two** quotations attached to this form.

j. Name of Parent/ Guardian*: (for applicant under 18) <span style="float: right;">Phone No.:</span>			
k. Information of Household Members:			
Name	Sex/ Age	Relationship with the applicant	Occupation (if he/ she is on CSSA, please specify)
Total number of household members (including the applicant):			

(3) Eligibility (no application will be considered unless the following criteria are met.)

- I am a person with visual impairment;
- \* I have never received subsidy under this Scheme before on the computer aids and/or accessories/ portable devices mentioned in Part A (1) above/ I have received subsidy under this Scheme before but would like to submit re-application with reasons stipulated in 8(a) below;
- I am in need of the computer aids and/or accessories/portable devices mentioned in Part A (1) above for my studies/ employment\*;
- Currently, I do not possess any computer aids and/or accessories/portable devices as mentioned in Part A (1) above;
- I have basic IT competency;
- I have genuine financial difficulty and cannot afford the computer aids and/or accessories/ portable devices mentioned in Part A (1) above; and
- I have not received funding from any subsidy scheme for procurement of the computer aids and/or accessories/portable devices mentioned in Part A (1) above for the past three years.

(4) Disability

a. Visual impairment

<input type="checkbox"/> Total blindness	<input type="checkbox"/> Mild low vision
<input type="checkbox"/> Moderate low vision	<input type="checkbox"/> Severe low vision
<input type="checkbox"/> Others:	

\* please delete as appropriate

b. Other disability

<input type="checkbox"/> Physically handicapped	<input type="checkbox"/> Viscerally disabled
<input type="checkbox"/> Mentally handicapped (level: _____)	<input type="checkbox"/> Mentally ill
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Others:

(5) Occupation

a. Employment situation

Unemployed

Employed:

<input type="checkbox"/> Self-employed	<input type="checkbox"/> Employed by others
<input type="checkbox"/> Working full-time	<input type="checkbox"/> Working part-time
Work organisation:	
Post:	Monthly income:

b. Studies

No

Yes, name of the programme currently studying:

Programme mode: full-time/ part-time/ distance-learning\*

Name of school/ department/ programme:

\_\_\_\_\_  
Year of studies/ Length of the programme and the remaining years of studies: \_\_\_\_\_

(6) Financial Condition

a. Assets

	Savings (such as cash and bank deposit)	Other assets and properties (excluding self-occupied property)	Total
Applicant			
Spouse (if applicable)			
Children (if applicable)			
Applicant under the age of 18 is required to declare his/ her parents' assets			
Father			
Mother			

b. Monthly Income

	Income from Work (excluding training allowance, such as Incentive Payment and Training Allowance received from Sheltered Workshop or Integrated Vocational Rehabilitation Services Centre)	Other Income (including returns on assets, such as rent, interest, dividend, pension, as well as living supplement provided by relatives or organisations)	Total
Applicant			
Spouse (if applicable)			
Children (if applicable)			
Father (if applicable)			
Mother (if applicable)			

(7) IT Experience

<input type="checkbox"/> Less than 3 months	<input type="checkbox"/> 3 to 6 months
<input type="checkbox"/> 6 months to 1 year	<input type="checkbox"/> 1 to 2 years
<input type="checkbox"/> Over 2 years	

(8) Reasons for Application/ re-application

- a. Reasons for applying/ re-applying for the computer aids and/or accessories/ portable devices mentioned in Part A (1) above, including special reasons which have not been given in the above sections:

- b. Have the institution in which the applicant is studying or working installed with the computer aids and/or accessories mentioned in Part A (1) above supported under this Scheme?

High-performance Chinese Screen Reader:	Braille Display:	Accessories
<input type="checkbox"/> Yes (model: )	<input type="checkbox"/> Yes (model: )	<input type="checkbox"/> Yes (model: )
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

(9) History of Applying for Subsidy for Procurement of Computer Aids and Accessories/ Portable Devices mentioned in Part A (1) above

- I have never applied for this Scheme or any other IT-related subsidy scheme
- I have applied for this Scheme or any other IT-related subsidy scheme(s), details of which are as follows:

**DECLARATION:**

*I hereby declare that:*

- i) I read and understand the “Notice to Data Subject Before Collection of Personal Data” (see the Appendix to this form);*
- ii) the above information entered is true and accurate. I understand that if I willfully make any false declaration or withhold any information or mislead the Social Welfare Department(SWD) for the purpose of obtaining subsidy from this Scheme, I will have to refund such sum to SWD and be made criminally responsible; and*
- iii) in case the subsidy is granted, I pledge not to resell or transfer any of the computer aids and accessories/portable devices mentioned in Part A (1) to anyone.*

Signature: \_\_\_\_\_ (by the applicant)

Name: \_\_\_\_\_

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

Countersign by parent/ guardian\*  
(if the applicant is under 18): \_\_\_\_\_

Name of parent/ guardian\*: \_\_\_\_\_

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

**Part B (To be filled in by the nominating organisation<sup>#</sup>)**

[Please  where applicable; and \* delete where inappropriate]

- (1) History of receiving funding support for procurement of computer aids and/or accessories/ portable devices mentioned in Part A (1) from this Scheme or any other funding/ subsidy schemes

<input type="checkbox"/> No
<input type="checkbox"/> Yes: (please specify funding source, sponsored items and amounts)

- (2) Qualifying conditions

Please comment on the following of the applicant:

i) IT competency:
ii) Financial condition:
iii) In what areas will the sponsored computer aids and/or accessories/portable devices mentioned in Part A (1) facilitate his/ her studies/ employment:

(3) Supporting remarks and services to the applicant

Our school/ organisation/ department\* is of the opinion that the applicant fully meets the eligibility criteria laid down in the Information Note on this Scheme. We believe that the procurement of the supported computer aids and/or accessories/ portable devices quoted in Part A (1) will be beneficial to his/ her studies or employment. We are also willing to provide within our capacity the possible assistance to the applicant in using the computer aids and/or accessories/ portable devices mentioned in Part A (1) to facilitate his/ her studies or employment.

Signature \_\_\_\_\_

Name: \_\_\_\_\_

Post: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

Nominating Organisation: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Organisation chop: \_\_\_\_\_

January 2021

\_\_\_\_\_

# Please note that:

This Scheme carries specific objectives, scope and approval conditions for the granting of subsidy [with particular focus on the financial ability of the applicant]. In this regard, before submitting any application, the nominating organisation is advised to look into the reasons for application as provided by the applicant in Part A (8) above, and to understand and assess his/ her needs and financial condition. The nominating organisation should as far as possible verify the information given by the applicant herein [such as requiring the applicant to submit relevant records and checking relevant information of the applicant kept in the organisation], with a view to coming up with a fair comment of and making recommendation for the applicant.

Remarks

Except otherwise specified, applicant is not required to attach relevant documents to the application form. However, in processing and reviewing the application, SWD may request the applicant to show to SWD or authorise SWD to obtain from concerned service units relevant documentary proof for verification purpose. Failure to cooperate on this may lead to suspend processing of the application by SWD and refund of the subsidy by the applicant.

## Notice to Data Subject Before Collection of Personal Data

*Please read this notice before you provide any personal data to the Social Welfare Department*

### Purposes of Collection

1. The personal data supplied by you will be used by the Social Welfare Department (SWD) to provide appropriate assistance or service from SWD which is relevant to your needs, including but not limited to monitoring and review of services and conducting of research and surveys, and for discharging statutory duties. The provision of personal data to SWD is voluntary. If you do not provide sufficient personal data, we may not be able to process your application or provide assistance/service to you.

### Classes of Transferees

2. The personal data you provide will be made available to persons working in the Department 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 application from or provision of service/ assistance to you;
- (b) Where such disclosure is authorized or required by law; or
- (c) Where you have given consent to such disclosure.

### Access to Personal Data

3. Except where there is an exemption provided under the Personal Data (Privacy) Ordinance, you have a right of access to and correction of personal data held on you when the data have not been erased. However, data will usually be erased after fulfilling the purposes of collection. Your right of access under the Ordinance means the right to obtain a copy of your personal data subject to payment of a fee. Applications for access to data should be made by written format.

### Enquiries, Access to and Correction of Personal Data

4. Please ensure that the data you provide to SWD are accurate. If you have enquiries concerning your application for assistance/service or if there are changes in the data you provide, please contact the office which collected the data from you.

5. Requests for access to personal data collected by SWD and correction of data obtained from a data access request should be addressed to –

Post title : Executive Officer I (Marketing Consultancy)  
Address : Room 503, 5/F, West Coast International Building,  
290-296 Un Chau Street, Sham Shui Po, Kowloon  
Tel. No : 3586 3594