

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 child concerned 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 Beneficiary

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

*Hong Kong Birth Certificate/ Identification document no. /
Others (Please specify: _____): _____

Date of birth: _____ 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.: _____
(Not required for application made by a SWD social worker)

Relationship with the child: _____ Contact no.: (Home) _____ (Mobile) _____

Correspondence address:
(If different from the above address) _____

Email: _____

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 preference 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 concerned is on the waiting list of SCCC/RSCCC service, please go to Part 5)

1. Are the child concerned 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 child concerned and family members (see Note 1) living with him/her add up to:
(Meaning father, mother, brother or sister living together with the child concerned in Hong Kong)

_____ person(s)

3. Particulars of family members living with the child 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 concerned	Situation/ Source of income	Past three month monthly income (HKD)		
			__/20__ (mm/yyyy)	__/20__ (mm/yyyy)	__/20__ (mm/yyyy)
	Child beneficiary	*Infant/ Student/ Others (Please specify): _____	\$	\$	\$
	Father	*Employment (Occupation: _____)/ Unemployed/ Others (Please specify): _____	\$	\$	\$
	Mother	*Employment (Occupation: _____)/ Unemployed/ Others (Please specify): _____	\$	\$	\$
	*Brother/ Sister	*Employment (Occupation: _____)/ Unemployed/ Infant/ Student/ Others (Please specify): _____	\$	\$	\$
Past three months total monthly household income			\$	\$	\$

If the total monthly household income in the past three months are '0', please give reasons (e.g. rely 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 beneficiary 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 beneficiary 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 beneficiary’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 beneficiary); provision of subsidised services to the child beneficiary; 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 beneficiary’s needs, such as government bureaux/departments, non-governmental organizations (NGOs) and public utility companies.
4. I confirm that I have consulted the child beneficiary 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 beneficiary under the Training Subsidy Programme. If I am the “relevant person” in relation to the child beneficiary under the Personal Data (Privacy) Ordinance, and the child beneficiary 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 beneficiary’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 beneficiary’s need, including verifying the data collected by SWD and investigating the eligibility of the child beneficiary 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 beneficiary 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 beneficiary 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 have the right to disqualify the application of the child beneficiary 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 beneficiary 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 beneficiaries to Recognised Service Providers so as to facilitate smooth service transition and to ensure effective use of social resources.

Parent or Guardian: _____
(Signature)

Date: _____

(Name)

Personal Information Collection Statement

Please read this notice before you provide any personal data¹ 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 research and surveys, preparing statistics and discharging statutory duties. The provision of personal data to SWD is voluntary. However, if you fail to provide the personal data requested of you, 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)² 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/

¹ 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.