Application No. _____
(for internal use only)

Social Welfare Department
Application Form for the IT Scheme for People with Visual Impairment[1]

(For Individual Applicants Only)

The applicant and nominating organisation are advised to read the Information Note on the IT Scheme for People with Visual Impairment (PVI) thoroughly before completing this form.

Section A The Applicant (Please tick ("✓") the boxes where applicable and * delete as appropriate.)

Part I Proposed Item(s)

1. The item(s) will be used for: ☐ Study ☐ Employment

2. Proposed Item(s):

(Please provide **at least 2 quotations** for each of the following proposed items. If an item is available exclusively from a local supplier, please provide **the supplier's quotation along with a letter certifying that it is the sole distributor**.)

☐ Chinese screen reader

- Model: _____
- Unit price (HKD): $_____
- Total amount of subsidy sought (HKD): $_____

☐ Braille display

- Model: _____
- Unit price (HKD): $_____
- Total amount of subsidy sought (HKD): $_____

☐ Assistive/portable device

- Type: ☐ Desktop Magnifier
  ☐ Optical Reading Machine
  ☐ Braille Embosser
  ☐ Portable Magnifier
  ☐ Personal Electronic Note-taker
  ☐ Other, please specify: _____
- Model: _____
- Unit price (HKD): $_____
- Total amount of subsidy sought (HKD): $_____

[1] The completed application form, together with the supplementary documents, should be sent by post to the Marketing Consultancy Office (Rehabilitation), Social Welfare Department [Attn: EOI(MC) – IT Scheme for PVI], Unit 503, 5/F, West Coast International Building, 290-296 Un Chau Street, Sham Shui Po, Kowloon. For enquiries, please contact the Office at 3586 3594.

Part II Personal Particulars		
3. Name (in Chinese):		
4. Name (in English):		
5. Sex:	☐ Male ☐ Female	
6. Date of Birth:		
7. Hong Kong Identity Card No./ Certificate of Exemption No.:		
8. Correspondence Address:		
9. Phone No.:	(Home)	(Mobile)
10. Email Address:		
11. Name of Parent/Guardian*: (for applicants under 18)		
12. Phone No. of Parent/Guardian*: (for applicants under 18)	(Home)	(Mobile)
13. Applicant's Main Type(s) of Disability:	☐ Visual Impairment:	
	☐ Total blindness ☐ Mild low vision	
	☐ Moderate low vision ☐ Severe low vision	
	☐ Other, please specify:_____	
	☐ Hearing Impairment	
	☐ Physical Disability, please specify:_____	
	☐ Speech Impairment	
	☐ Intellectual Disability	
	☐ Mentally illness	
	☐ Autism	
	☐ Visceral Impairment/Chronic Illness*, please specify:_____	
	☐ Attention Deficit/Hyperactivity Disorder	
	☐ Specific Learning Difficulties	
	☐ Other, please specify:_____	

14. Education Level:	☐ Uneducated	☐ Primary	☐ Junior Secondary
	☐ Senior Secondary	☐ Post-secondary	☐ University
	☐ Other, please specify:_____		
15. Professional Qualifications (if applicable): (Please provide relevant proof)			

16. Employment Status:

☐ Unemployed

☐ Employed:

☐ Self-employed ☐ Employed by others

☐ Full-time ☐ Part-time

Employer:_____

(Please provide proof of employment.)

Position:_____

Monthly income (HKD): $_____

17. Study Status:

☐ Not currently enrolled in any course

☐ Currently enrolled in a course:

Mode of study: ☐ Full-time ☐ Part-time ☐ Distance learning

Institution:_____

Faculty/Department:_____

Programme name:_____

Duration of programme:_____ Remaining duration of programme:_____

Current year of study:_____

18. Applicant's experience in using IT:

☐ Less than 3 months ☐ 3 to 6 months ☐ Over 6 months to 1 year

☐ Over 1 year ☐ Over 2 years

19. Is the applicant currently receiving Comprehensive Social Security Assistance (CSSA)?

☐ Yes, the case no. is:_____

☐ Single person case

☐ Family case (Total number of family members including the applicant:_____)

☐ No

20. Is the applicant currently receiving Disability Allowance?

☐ Yes, the case no. is:_____

☐ No

21. Information on the Household Members Residing with the Applicant:

Name	**Age**	**Relationship**	**Occupation**	**Is he/she receiving CSSA?**
		Spouse		
		Father		
		Mother		
		Son/Daughter*		

22. Household Size (including the applicant):	person(s)

23. Average Monthly Income of the Applicant and Household Members:

- Income from employment excludes CSSA, Disability Allowance, and training allowances (such as incentive payments and training allowances received from Sheltered Workshops or Integrated Vocational Rehabilitation Services Centres).
- Please list all other sources of income, if applicable, including rental income, interest, dividends, pensions and living allowances provided by relatives or organisations.

(Please provide proof of income for each household member separately.)

Name	**Relationship**	**Employment income (HKD)**	**Other Income (HKD)**	**Total (HKD)**
	The applicant			
	Spouse			
	Father			
	Mother			
	Son/Daughter*			

24. Assets of the Applicant and Household Members:

- Savings include cash and bank deposits; other assets and properties exclude self-occupied property.

(Please provide proof of assets for each household member separately.)

Name	**Relationship**	**Savings (HKD)**	**Other Assets and Properties (HKD)**	**Total (HKD)**
	The applicant			
	Spouse			
	Father			
	Mother			
	Son/Daughter*			

Part III Justification for Application

25. Please select the statements below that apply to you as the applicant.

- Applications will only be considered if all of the following criteria are met.

☐ I am a person with visual impairment.

☐ I have basic IT competence.

☐ I need to purchase the computer assistive device(s) specified in Part I of Section A for study/employment*.

☐ I do not currently possess any computer assistive device(s) specified in Part I of Section A.

☐ I have genuine financial difficulties and am unable to afford the computer assistive device(s) specified in Part I of Section A.

☐ I have not received funding from any subsidy scheme in the past 3 years for purchasing the computer assistive device(s) specified in Part I of Section A.

26. Please select the statements below that apply to you as the applicant, and provide your justification in the space provided.

☐ I have never received a subsidy under the Scheme for purchasing the assistive device(s) specified in Part I of Section A.

☐ I have previously received a subsidy under the Scheme but would like to apply again.

The year(s) of application:_____

Total subsidy amount:_____

Justification for application/re-application*:

27. Is the applicant familiar with the use of the computer assistive device(s) specified in Part I of Section A?

☐ Yes, has been using it for _____ years.

☐ No

28. Does the applicant possess the same or similar computer assistive device(s) as those specified in Part I of Section A at home?

☐ Yes. The condition of the device(s): ☐ In normal working condition ☐ Not functioning

☐ No

29. Does the institution where the applicant is currently studying or working have the same or similar computer assistive device(s) as those specified in Part I of Section A?

☐ Chinese Screen Reader	☐ Braille Display	☐ Assistive/Portable Device
Model:_____	Model:_____	Model:_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

30. If the institution where the applicant is currently studying or working has the above-mentioned computer assistive device(s), may the applicant borrow the device(s)?

☐ Yes

- Duration of loan of the above-mentioned computer assistive device(s):
  - ☐ Single-use in-house loan for study/work*, to be returned after use
  - ☐ Short-term loan, for a maximum of _____ months per loan
  - ☐ Long-term loan for the duration of study/employment*
  - ☐ Other:_____

☐ No

31. Does the institution where the applicant is currently studying or working consent to the applicant using the computer assistive device(s) specified in Part I of Section A on its premises for study or work?

☐ Yes, consent has been obtained from the institution concerned.

☐ No

32. Has the applicant previously received a subsidy from any other scheme for the computer assistive device(s) specified in Part I of Section A? ☐ No, I have never received a subsidy from any other scheme for the above-mentioned device(s). ☐ Yes, I have previously received a subsidy from other scheme(s). Details are as follows: (Please specify the funding organisation, name of the subsidy scheme, total subsidy amount, and year of application.)

Part IV Declaration of the Applicant

Declaration

1. I have read and understood the "Information Note on The IT Scheme for PVI" and the "Notice to Data Subject Before Collection of Personal Data" (see **Appendix** to this form).
2. The information provided in this application is true and accurate. I understand that I will not only be required to refund the subsidy but may also be liable to criminal prosecution if I wilfully or intentionally make any false declaration, withhold any information, or mislead the Social Welfare Department (SWD) with a view to obtaining said subsidy under the Scheme.
3. I undertake to inform my household members that their personal information have been provided to SWD for the purpose of this application.
4. I understand that SWD, in processing and reviewing the application, may require me to provide relevant supporting documents, or to authorise SWD to obtain such documents from the relevant departments or organisations for verification purposes. If I refuse to cooperate, SWD may terminate this application, or require me to refund any subsidy already received.
5. I acknowledge that if the amount applied for exceeds the funding cap for each type of computer assistive device stipulated under the Scheme, I may be required to bear the difference at my own cost.
6. If the subsidy is approved, I undertake not to sell, lease or otherwise transfer the subsidised assistive device(s) specified in Section A to any other organisation or individual.

Signature:_____
(by the applicant)

Name:_____

Date:_____

Countersign by parent/guardian*:_____
(for applicants under 18)

Name of parent/guardian*:_____

Date:_____

Section B Nominating Organisation

(Please tick ("✓") the boxes where applicable and * delete as appropriate.)

Please note that:

As the Scheme has specific funding objectives, scope and approval criteria, the nominating organisation should, prior to submitting any application, review the justification for application provided by the applicant in Section A, and consider and assess the applicant's needs and financial situation. The nominating organisation should also, as far as practicable, verify the information provided by the applicant herein (such as by requiring the applicant to submit relevant records and by checking relevant information of the applicant held by the organisation), so as to prepare a fair assessment of the applicant in support of the recommendation.

Part I Information on Nominating Organisation and Contact Person	
1. Name of Organisation:	
2. Name of Officer in Charge:	
3. Position of Officer in Charge:	
4. Name of Contact Person:	
5. Position of Contact Person:	
6. Phone No.:	
7. Fax No.:	
8. Email Address:	
9. Correspondence Address:	

Part II Comments from Nominating Organisation
10. Has the applicant previously received a subsidy under the Scheme or any other scheme for the assistive device(s) specified in Part I of Section A? ☐ The applicant has never received a subsidy for such device(s). ☐ The applicant has previously received a subsidy. Details are as follows: (Please specify the source of subsidy, the sponsored item(s) and the amount received.)

11. Assessment of the applicant's IT competency:
12. Assessment of the applicant's financial situation:
13. In what ways will the proposed item(s) assist the applicant in his/her study/employment*?
14. Please read the following statement carefully, and check the box to indicate that the nominating organisation supports this application and undertakes to provide relevant supporting services. ☐ **Our school/organisation/department*** considers that the applicant fully meets the eligibility criteria set out in the Information Note for the Scheme, and that the purchase of the assistive device(s) specified in Part I of Section A will benefit the applicant in his/her study or employment. We also agree to provide, to the best of our ability, the necessary support to assist the applicant in using the device(s) to facilitate his/her study or employment.

Part III Application Checklist		
After confirming that the applicant has duly completed the application form and attached all required information/documents, the nominating organisation should verify that the information entered in the application form is consistent with the originals and copies of the information/documents submitted by the applicant, and indicate confirmation by checking the boxes below.		
Reference	**Information/Documents**	**Attached**
	Duly completed application form for the IT Scheme for PVI	☐
Section A Q2	Quotations for all items proposed for purchase by the applicant • Please provide at least **2** valid quotations for each item. The model indicated in the quotation must be the same as that provided in the application form.	☐
Section A Q2	Supplier's letter confirming it is the sole distributor of the proposed item(s) (if applicable)	☐
Section A Q5	Professional qualifications of the applicant (if applicable) • e.g. professional licences, graduation certificates, diplomas, degree certificates, etc.	☐
Section A Q16	Proof of employment (for employed applicants)/Proof of income (for self-employed applicants) (if applicable)	☐
Section A Q23	Proof of the applicant's income for the past 3 months	☐
	Proof of income of the applicant's household members for the past 3 months (if applicable)	☐
Section A Q24	Proof of the applicant's assets • e.g. bank statements for the past 3 months	☐
	Proof of assets of the applicant's household members (if applicable) • e.g. bank statements for the past 3 months	☐

Part IV Declaration of Nominating Organisation

Declaration

1. The officer in charge and the contact person of the nominating organisation have read and understood the "Information Note on the IT Scheme for PVI."
2. The nominating orgnisation has reviewed the needs and financial situation of the applicant, and verified the information provided by the applicant herein (such as by requiring the applicant to submit relevant records and by checking relevant information on the applicant held by the organisation).
3. The contact person of the nominating organisation agrees to assist the Social Welfare Department (SWD) in processing, reviewing, and following up on the application if necessary, and to cooperate with SWD in obtaining relevant supporting documents from the applicant for verification purposes. The nominating organisation understands that in the event of its/the applicant's failure to provide the required information, SWD may terminate this application, or require the applicant to refund any subsidy already received.

Signature of Officer in Charge:_____

Name of Officer in Charge:_____

Signature of Contact Person:_____

Name of Contact Person:_____

Date:_____

Organisation chop:_____

Appendix

Notice to Data Subject Before Collection of Personal Data

Please read this notice carefully 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 you with appropriate assistance or services relevant to your needs, including but not limited to the monitoring and review of services, the conduct of research and surveys, and the discharge of statutory duties. The provision of personal data to SWD is voluntary. If you do not provide sufficient personal data, SWD may not be able to process your application or provide assistance or services 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 your application, or the provision of services/assistance to you;
(b) Where such disclosure is authorised 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 about you by SWD. 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 must be made in writing.

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 have provided, please contact the office that collected the data from you.

5. Requests for access to personal data collected by SWD, and for 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