

Restricted (Personal Information)

Special Needs Trust Application Form

Important Notes

1. The Special Needs Trust service is to appoint the Director of Social Welfare Incorporated as the Trustee, for managing the assets of the Settlor (parents/relatives) in the form of a Trust, so that the long-term care plan prepared for the Beneficiary (children/relatives with special needs) while the Settlor is alive will be implemented by a specified individual or institutional carer after their passing away. For more information, please refer to Special Needs Trust Application Guidebook.
2. A person who wishes to apply for the Special Needs Trust services should submit the completed application form, in person or by post, to the following address :

Special Needs Trust Office
Unit 201, 2/F, THE HUB,
23 Yip Kan Street, Wong Chuk Hang, Hong Kong
3. Upon receipt of the application form, the Special Needs Trust Office will contact you to explain the details of Special Needs Trust and discuss with you about the application procedures and the related documents required.
4. For enquiries, please contact the Special Needs Trust Office at 2116 5308.

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SNTD Ref. No. (For official use) : _____

Part 1 Personal Particulars of Proposed Settlor			
Name (English) : _____ (Chinese) : _____ HKID No. : _____ Date of Birth : _____ Residential Address : _____ <div style="text-align: center; font-size: small;">(*Self-owned/ Rented/ Institution/ Other)</div>	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female Tel. No. : _____ <div style="text-align: center; font-size: small;">(Home)</div> <div style="text-align: center; font-size: small;">(Office)</div> <div style="text-align: center; font-size: small;">(Mobile)</div> Email Address : _____ Marital Status : *Bachelor / Spinster/ Married/ <div style="text-align: center; font-size: small;">Divorced/ Separated/ Widowed</div>		
Relationship with Proposed Beneficiary		Nationality : _____	Occupation/ : _____
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> *E. Brother/Y. Brother/ E. Sister/ Y. Sister <input type="checkbox"/> Other Relative (Please specify: _____)		Income : _____	Education Level : *Primary/Secondary/Post-secondary/ <div style="text-align: center; font-size: small;">University or above</div>

Part 2 Personal Particulars of Proposed Beneficiary			
Name (English) : _____ (Chinese) : _____ HKID No. : _____ Date of Birth : _____ Correspondence Address : _____ Residential Address : _____ <div style="text-align: center; font-size: small;">(*Self-owned/ Rented/ Institution/ Other)</div>	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female Tel. no. : _____ <div style="text-align: center; font-size: small;">(Home)</div> <div style="text-align: center; font-size: small;">(Office)</div> <div style="text-align: center; font-size: small;">(Mobile)</div> Email Address : _____ Marital Status : *Bachelor / Spinster/ Married/ <div style="text-align: center; font-size: small;">Divorced/ Separated/ Widowed</div>		
		Nationality : _____	Occupation/ : _____
		Income : _____	Education Level : *Primary/Secondary/Post-secondary/ <div style="text-align: center; font-size: small;">University or above</div>

Please put a "✓" in the appropriate box(es).

*Please delete where appropriate.

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Part 2 Personal Particulars of Proposed Beneficiary (Cont'd)	
Receiving Service(s) below (may choose more than one item)	<input type="checkbox"/> Nil (Please complete Part 3)
Community Support:	<input type="checkbox"/> Special School (Please specify: _____) <input type="checkbox"/> Boarding Section of Special School (Please specify: _____) <input type="checkbox"/> District Support Centre <input type="checkbox"/> Respite Services <input type="checkbox"/> Integrated Home Care Services <input type="checkbox"/> Other (Please specify: _____)
Day Training:	<input type="checkbox"/> Integrated Vocational Rehabilitation Services Centre <input type="checkbox"/> Supported Employment <input type="checkbox"/> Sheltered Workshop <input type="checkbox"/> On the Job Training for People with Disabilities <input type="checkbox"/> Day Activity Centre <input type="checkbox"/> Other (Please specify: _____)
Residential Service:	<input type="checkbox"/> Private Hostel <input type="checkbox"/> Self-financed Rehabilitation Hostel <input type="checkbox"/> Supported Hostel <input type="checkbox"/> Hostel for Moderately Mentally Handicapped Persons <input type="checkbox"/> Hostel for Severely Mentally Handicapped Persons <input type="checkbox"/> Hostel for Severely Physically Handicapped Persons <input type="checkbox"/> Care and Attention Home for Severely Disabled Persons <input type="checkbox"/> Other (Please specify: _____)
Medical Treatment:	<input type="checkbox"/> Psychiatric In-patient <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Psychiatric Out-patient <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Day Hospital <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Other out-patient service (Please specify: _____)
Financial Assistance of Social Welfare Department:	<input type="checkbox"/> Nil <input type="checkbox"/> Comprehensive Social Security Assistance Scheme <input type="checkbox"/> Higher Disability Allowance <input type="checkbox"/> Normal Disability Allowance <input type="checkbox"/> Other (Please specify: _____)

Please put a "✓" in the appropriate box(es).

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Part 3 Disability and Health Condition of Proposed Beneficiary	
Intellectual Disability	<input type="checkbox"/> Not intellectually disabled <input type="checkbox"/> Profound <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Mild <input type="checkbox"/> Down Syndrome Institution of psychological assessment: _____ Date of psychological assessment: _____
Physical Disability (may choose more than one item)	<input type="checkbox"/> Not physically disabled <input type="checkbox"/> Quadriplegia <input type="checkbox"/> Paraplegia <input type="checkbox"/> Hemiplegia <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Loss of *hand/ foot or finger /toe <input type="checkbox"/> Loss of *upper/ lower limbs <input type="checkbox"/> Other (Please specify: _____)
Other Disability (may choose more than one item)	<input type="checkbox"/> Nil <input type="checkbox"/> Speech impairment (<input type="checkbox"/> can communicate / <input type="checkbox"/> cannot communicate) <input type="checkbox"/> *Deaf / Hearing impairment <input type="checkbox"/> Visual impairment (<input type="checkbox"/> Blind / <input type="checkbox"/> Partially impaired) <input type="checkbox"/> Autism <input type="checkbox"/> Epilepsy <input type="checkbox"/> Mental illness (Please specify: _____) <input type="checkbox"/> Other disability or health problem (Please specify: _____)
Mobility	<input type="checkbox"/> Walk unaided <input type="checkbox"/> Walk with escort <input type="checkbox"/> Walk with *stick/ walking frame <input type="checkbox"/> Bedridden <input type="checkbox"/> Wheelchair bound

Part 4 Particulars of Family Member(s) (If the family member is living apart, please put # in front of his/ her name.)					
Name	Sex/Age	Relationship	Occupation	Income	Is he/she the carer?

Please put a "✓" in the appropriate box(es).

*Please delete where appropriate.

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Part 5 Declaration and Undertaking by Proposed Settlor

1. I, the undersigned, declare that I am the parent/relative of the Proposed Beneficiary in Part 2 of this application form.
2. I have read the Special Needs Trust Application Guidebook and fully understand the content.
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 Proposed 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 Proposed Beneficiary’s needs, including but not limited to the processing of my application under the Special Needs Trust Scheme (including checking and/or investigation of the eligibility of the Proposed Beneficiary); referral for the Proposed Beneficiary to appropriate welfare services; 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 Proposed Beneficiary’s needs, such as government bureaux/departments, non-governmental organizations (“NGOs”), public organizations and statutory bodies (such as the Hospital Authority and the Guardianship Board).
4. I confirm that I have consulted the Proposed Beneficiary and his/her family members living together which are mentioned in this application form, and they have voluntarily given their clear consents that SWD could use their personal data in its possession and obtain their data from other government bureaux/departments, service providers, NGOs, public organizations and statutory bodies (such as the Hospital Authority and the Guardianship Board) for the purposes of verifying the data collected by SWD and investigating the eligibility of the Proposed Beneficiary under the Special Needs Trust Scheme. If I am the “relevant person” in relation to the Proposed Beneficiary under the Personal Data (Privacy) Ordinance, Cap. 486, and the Proposed Beneficiary is incapable of understanding the new purpose of using his/her personal data and deciding whether to give his/her consent, I hereby, on the Proposed Beneficiary’s behalf, give 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 of appropriate assistance or service which is relevant to my/the Proposed Beneficiary’s need, including verifying the data collected by SWD and investigating the eligibility of the child beneficiary under the Special Needs Trust Scheme.
5. I declare that all data in this application form and other data submitted/to be submitted under this Special Needs Trust Scheme are true and correct, and I undertake to notify SWD forthwith of any changes in the data submitted.
6. I understand and agree that SWD has the right to conduct comprehensive checking in the course of processing this application or after the Proposed Beneficiary has received the service to ensure the authenticity, integrity and accuracy of all data submitted by me.
7. I declare that I am not an undischarged bankrupt at the time of signing the trust deed.

I have read/have been read this Application Form and fully understand the content.

Name of Applicant	Signature of Applicant	Date

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Personal Information Collection Statement

Please read this notice before you provide any personal data¹ to the Social Welfare Department (“SWD”).

Purposes of Collection

1. The personal data supplied by you will be used by 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, NGOs, public organizations and statutory bodies (such as the Hospital Authority and the Guardianship Board) 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 addressed to –

Post : Senior Social Work Officer (Rehabilitation And Medical Social Services)⁷

Address : Room 118, 1/F, Lady Trench Training Centre, 44 Oi Kwan Road, Wan Chai, Hong Kong

Tel. No. : 3791 2879

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.