

**CONFIDENTIAL**  
**CHILD PROTECTION REGISTRY**  
**DATA INPUT FORM**

**Guidelines for completing the data input form**

1. Please complete one form for each maltreated child/child at risk of maltreatment. If there are more than one perpetrator/alleged perpetrator/potential perpetrator in the case, please provide information on these persons by filling out a separate *Part C* of this form for each perpetrator/alleged perpetrator/potential perpetrator. Besides, a new Data Input Form should be completed if there was a separate suspected child maltreatment incident on the same child and investigations and assessments have been conducted.
2. Please provide the information as requested or tick (✓) the box corresponding to the appropriate answer. Please ensure that the ticks are confined to the given boxes to facilitate data input.
3. Unless specified, please tick one choice only in each item.
4. Please submit data input form through the Social Welfare Department Client Information System Online Submission at the following link, as soon as possible following the Multi-disciplinary Case Conference on Protection of Child with Suspected Maltreatment (MDCC) (if any) or immediately after the investigations and assessments and formulation of follow-up services (for cases where MDCC was dispensed with) by all professionals concerned, or immediately after the child is identified to be at risk of harm/maltreatment:<sup>1</sup>

<https://www.online-submission.swd.gov.hk/cis2os-frontend/#/>

**Consent from Data Subject and Exemption**

5. Please note that prescribed consent has to be obtained from the data subject and/or the relevant person<sup>2</sup> of the data subject for transferring his/her personal data to CPR, except in the following situations:
  - (a) the purposes for which the personal data of the child and other individuals collected by the reporting NGOs include the handling and investigation of, and the planning of services to prevent child maltreatment, which are directly related to the purposes mentioned in paragraphs 2(a) and 2(b) of the Information Sheet on CPR at Annex 14 to the ‘Protecting Children from Maltreatment--Procedural Guide for Multi-disciplinary Co-operation (Annexes); or
  - (b) exemption from Data Protection Principle 3 can be invoked under Section 58 of the Personal Data (Privacy) Ordinance, e.g. the transfer of the personal data to CPR is for the purpose of the detection or prevention of crime or the prevention, preclusion or remedying (including punishment) of unlawful or seriously improper conduct, or dishonesty or malpractice, and the application of the provisions of Data Protection Principle 3 would be likely to prejudice the above-mentioned purposes. Each case has to be decided on its own merit.

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<sup>1</sup> The Social Welfare Department launched the online submission on 13 September 2022, to provide registered social workers of NGO service units which has been registered in the Child Protection Registry (CPR), with an online channel to replace the paper submission mode for the registration of child protection cases in the CPR. In exceptional cases where paper submission is required, please send the completed data input form in a sealed envelope marked “Confidential” to CPR at “Child Protection Registry, Family and Child Welfare Branch, Social Welfare Department, 7/F, Wu Chung House, 213 Queen’s Road East, Wan Chai, Hong Kong.”

<sup>2</sup> According to Section 2 of the Personal Data (Privacy) Ordinance Cap 486, where the individual is a minor, relevant person in relation to an individual means a person who has parental responsibility for the minor.

## Part A - General Information

A1. Case file no.: \_\_\_\_\_

A2. Name of the reporting organisation: \_\_\_\_\_

A3. Name of the unit: \_\_\_\_\_

A4. Office address: \_\_\_\_\_

A5. Telephone no.: \_\_\_\_\_

A6. Type of service (e.g. school social work): \_\_\_\_\_

A7. Whether the maltreatment/suspected maltreatment incident of which the disclosure is initiated by the child concerned or by perpetrator(s)/alleged perpetrator(s)/potential perpetrator(s), or the incident is identified by others (i.e. the person who *first* identified the incident and made a report for follow-up service)?

(1) Self-disclosed (*Tick one only and answer item (a) also*)

by child himself/herself

by perpetrator(s)/alleged perpetrators(s)/potential perpetrator(s)

(a) To whom the maltreatment was disclosed to? (Tick one only)

Parent(s) or family member(s) (i.e. members within the nuclear family) of the child concerned

Parent(s) or family member(s) (i.e. members within the nuclear family) of the perpetrator/alleged perpetrator/potential perpetrator (if different from that of the maltreated/potentially maltreated child)

Other maltreated/potentially maltreated child(ren) of the maltreatment/suspected maltreatment incident

Social worker

Medical professional

Clinical psychologist/psychiatrist

Police

School personnel (including kindergarten, kindergarten-cum-child care centre, child care centre)

Carer (other than parent or family member)

Relative

Schoolmate/friend/neighbour/inmate of hostel

Public/mass media

Other government department

Hotlines

Other, please specify \_\_\_\_\_

(2) Identified by (*Tick one only*)

Parent(s) or family member(s) (i.e. members within the nuclear family) of the child concerned

Parent(s) or family member(s) (i.e. members within the nuclear family) of the perpetrator/alleged perpetrator/potential perpetrator (if different from that of the child)

Other maltreated/potentially maltreated child(ren) of the maltreatment/suspected maltreatment incident

Social worker

Medical professional

Clinical psychologist/psychiatrist

Police

- School personnel (including kindergarten, kindergarten-cum-child care centre, child care centre)
- Carer (other than parent or family member)
- Relative
- Schoolmate/friend/neighbour/inmate of hostel
- Public/mass media
- Other government department
- Other, please specify \_\_\_\_\_

A8. Has this case ever been reported according to the requirements of mandatory reporting of child abuse?

- Yes MRR Code: MRR-
- No

## Part B - Information on Maltreated Child/Child at Risk of Maltreatment

B1. CPR No.              (*To be assigned by CPR*)

B2. Name in English (*surname first*):\_\_\_\_\_

B3. Name in Chinese:\_\_\_\_\_

B4. Document of identity (*✓ Tick as appropriate*)

- Hong Kong Identity Card (No.: \_\_\_\_\_)
- Hong Kong Birth Certificate (No.: \_\_\_\_\_)
- Passport (No.: \_\_\_\_\_)
- Entry Permit such as Re-entry Permit/Exit-entry Permit/Visa (No.: \_\_\_\_\_)
- Hospital No.: \_\_\_\_\_
- Other, please specify: \_\_\_\_\_

B5. Date of birth:     /    /     (DD/MM/YYYY)

B6. Approximate age:      (*Fill in if Date of Birth unknown, leave blank otherwise.*)

B7. Sex:  Male  Female

B8. Born in HK?  Yes

No, please give the year of arrival in HK         

No, not HK resident (such as visitor)

B9. Whether the child/family is on Comprehensive Social Security Assistance?

- Yes
- No
- Unknown

B10. Ethnicity (*If the child is of mixed race, please choose based on the father's ethnicity*)

<input type="checkbox"/> Chinese	<input type="checkbox"/> French	<input type="checkbox"/> Pakistani
<input type="checkbox"/> African	<input type="checkbox"/> German	<input type="checkbox"/> Singaporean
<input type="checkbox"/> American	<input type="checkbox"/> Indian	<input type="checkbox"/> Sri Lankan
<input type="checkbox"/> Australian	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Tai
<input type="checkbox"/> Bengali	<input type="checkbox"/> Japanese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> British	<input type="checkbox"/> Korean	<input type="checkbox"/> Other, please specify
<input type="checkbox"/> Canadian	<input type="checkbox"/> Nepalese	_____
<input type="checkbox"/> Filipino	<input type="checkbox"/> New Zealander	<input type="checkbox"/> Unknown

B11. Residential status

- Hong Kong resident
- Conditional stay (including visiting relatives, study, visit, torture/non-refoulement claim, etc.)
- Illegal stay
- Unknown
- Other, please specify \_\_\_\_\_

B12. Disability (*may choose more than one*)

<input type="checkbox"/> Attention Deficit/Hyperactivity Disorder	<input type="checkbox"/> Specific Learning Disabilities
<input type="checkbox"/> Autism	<input type="checkbox"/> Speech impairment
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Visceral disability
<input type="checkbox"/> Intellectual disability	<input type="checkbox"/> Visual impairment
<input type="checkbox"/> Physical disability	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Mental illness	

B13. Nature of the incident: (*Tick one only*)

- Cat.(a) The incident was considered as ***a harm/maltreatment to a child*** in the Multi-disciplinary Case Conference on Protection of Child with Suspected Maltreatment (MDCC) or by all professionals concerned (for cases where MDCC was dispensed with) after the investigations and assessments on child protection.
- Cat.(b) A child was considered of ***having high risk of harm/maltreatment in future*** though ***the incident was not considered as a harm/maltreatment to a child*** in a MDCC or by all professionals concerned (for cases where MDCC was dispensed with) after the investigations and assessments on child protection.
- Cat.(c) The incident was ***not established as a harm/maltreatment to a child who was also not considered having a high risk of harm/maltreatment in future*** in a MDCC or by all professionals concerned (for cases where MDCC was dispensed with) after the investigations and assessments on child protection but, with analysis on the concrete information available, professionals considered that the ***harm/maltreatment incident was very likely to have happened***.
- Cat.(d) A child who is not suspected to be harmed/maltreated but considered ***potentially at risk of harm/maltreatment*** by virtue of risk factors of harming/maltreating a child identified (*such case will not be regarded as child protection case*).

B14. No. of MDCC(s) (including review conference) held:

(not applicable for **Cat.(d)** cases in item **B13**)

(a) Date of MDCC(s) or formulation of follow-up plan (if MDCC was dispensed with)

1st MDCC or Follow-up plan: \_\_\_\_\_

2nd MDCC or Follow-up plan: \_\_\_\_\_

3rd MDCC or Follow-up plan: \_\_\_\_\_

(b) Was review conference considered necessary as agreed in the MDCC?

- Yes
- No

(c) Whether Core Group is formed in the MDCC and members of the Core Group?

Yes. Members of the Core Group consisted of:

- Social worker of Family and Child Protective Services Unit
- Paediatrician

- Child psychiatrist
- Psychologist
- Staff of residential service
- School social worker
- School teacher/personnel
- Other professionals who provided services to the family members, such as other social worker, medical officer, occupational therapist, etc.
- Other(s), please specify \_\_\_\_\_

No

(d) Whether report on implementation of follow-up plan is required?

- Yes      Number of reports submitted
- No

B15. No. of MDCC(s) (including review conference) held with family participation:

(not applicable for **Cat.(d)** cases in item **B13**.)

B16. Relationship of family member(s) who participated

in the MDCC(s) (please “✓” as appropriate):

- Father
- Mother
- Brother
- Sister
- Grandfather
- Grandmother
- Step-father
- Step-mother
- Father's girl-friend/cohabitant
- Mother's boy-friend/cohabitant
- Other relative(s), please specify \_\_\_\_\_

Number of MDCC(s) participated\*

<input type="text"/>

(\* Please fill in the number of MDCC(s) participated in the  by referring to item B.15, e.g. if the no. in item B.15 is 2 and the two MDCCs were participated by the father, “2” should be marked in the .)

B17. Did the child concerned participate in the MDCC(s) ? Number of MDCC(s) participated\*

- Yes
- No

<input type="text"/>
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(\* Please fill in the number of MDCC(s) participated in the  by referring to item B.15, e.g. if the no. in item B.15 is 2 and the two MDCCs were participated by the child, “2” should be marked in the .)

B18. Location where maltreatment/suspected maltreatment incident happened

(not applicable for **Cat.(d)** cases in item **B13**)

(a) Type of location (may choose more than one if the incidents happened in various locations)

- Maltreated child/potentially maltreated child's residential abode
- Father's/Mother's home (if different from child's residential abode)
- Relative's/friend's/schoolmate's home (if different from child's residential abode)
- Foster home
- Small group home
- Residential institution/children's home/hostel
- School
- Boarding section of school
- Tuition centre
- Hospital/clinic

Perpetrator's/Alleged perpetrator's/Potential perpetrator's residential abode (if perpetrator is not family member/relative/foster parent)

Public place (e.g. public transportation, street, restaurant, park, hotel, etc.)

Other, please specify \_\_\_\_\_

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(b) According to District Council districts (*If there were more than one location, please give the district of the most serious or most frequent or most recent incident.*)

<input type="checkbox"/> Central/Western	<input type="checkbox"/> Southern	<input type="checkbox"/> Islands	<input type="checkbox"/> Eastern
<input type="checkbox"/> Wan Chai	<input type="checkbox"/> Kowloon City	<input type="checkbox"/> Yau Tsim Mong	<input type="checkbox"/> Sham Shui Po
<input type="checkbox"/> Wong Tai Sin	<input type="checkbox"/> Sai Kung	<input type="checkbox"/> Kwun Tong	<input type="checkbox"/> Sha Tin
<input type="checkbox"/> Tai Po	<input type="checkbox"/> North	<input type="checkbox"/> Yuen Long	<input type="checkbox"/> Tsuen Wan
<input type="checkbox"/> Kwai Tsing	<input type="checkbox"/> Tuen Mun	<input type="checkbox"/> Outside HK	<input type="checkbox"/> Unknown

B19. Residential address of parent(s)/guardian(s)/carer(s) with whom the child used to live at the time when the maltreatment/suspected maltreatment incident occurred. (*Please give full address and District Council districts.*)

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<input type="checkbox"/> Central/Western	<input type="checkbox"/> Southern	<input type="checkbox"/> Islands	<input type="checkbox"/> Eastern
<input type="checkbox"/> Wan Chai	<input type="checkbox"/> Kowloon City	<input type="checkbox"/> Yau Tsim Mong	<input type="checkbox"/> Sham Shui Po
<input type="checkbox"/> Wong Tai Sin	<input type="checkbox"/> Sai Kung	<input type="checkbox"/> Kwun Tong	<input type="checkbox"/> Sha Tin
<input type="checkbox"/> Tai Po	<input type="checkbox"/> North	<input type="checkbox"/> Yuen Long	<input type="checkbox"/> Tsuen Wan
<input type="checkbox"/> Kwai Tsing	<input type="checkbox"/> Tuen Mun	<input type="checkbox"/> Outside HK	<input type="checkbox"/> Unknown

B20. Type of housing of residential address of item B19.

Public housing estate

Transitional housing (such as Interim Housing, Light Public Housing, etc.)

Home Ownership Scheme

Tenants Purchase Scheme

Private housing (rented)

Private housing (self-owned)

Staff quarters

Squatters/cottages/huts (rented)

Squatters/cottages/huts (self-owned)

Residential home for children

Sub-divided room

Other, please specify \_\_\_\_\_

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B21. The child's major living arrangement at the time of the maltreatment /suspected maltreatment

Living with both parents

Living with father and step-mother

Living with mother and step-father

Living with father and his cohabitant (not the birth mother of the child)

Living with mother and her cohabitant (not the birth father of the child)

Living with father

Living with mother

Living with grandparent(s)

Living with relative(s)

Living with childminder

Living in small group home/foster home

Living in residential institution/children's home/hostel

Living in boarding school

Living in hospital (limited to long term in nature, such as general infirmary service)

Other, please specify \_\_\_\_\_

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B22. Care arrangement recommended in MDCC/as agreed by all professionals after investigations and assessments

- Living with parent(s) (*please update Item 5(3) of Appendix 3, CPR Form III, to this Annex if residential child care service is subsequently arranged within 6 months after the MDCC/formulation of follow-up plan as agreed by professionals*) (Go to item B24)
- Living with relative(s) (*please update Item 5(3) of Appendix 3, CPR Form III, to this Annex if residential child care service is subsequently arranged within 6 months after the MDCC/formulation of follow-up plan as agreed by professionals*) (Go to item B24)
- Residential child care service (Go to item B23)
- Other, please specify \_\_\_\_\_

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B23. If residential child care service was recommended in MDCC/agreed by all professionals after the investigations and assessments, has the arrangement been made yet?

- Not yet waitlisted (*please update item 5(2) of Appendix 3, CPR Form III, to this Annex when admission has been arranged*)
- Waitlisted (*please update item 5(2) of Appendix 3, CPR Form III, to this Annex when admission has been arranged*)
- Admitted into residential child care service

B24. Whether statutory supervision under Protection of Children and Juveniles Ordinance (PCJO) for a maltreatment/suspected maltreatment incident was required during investigations and assessments as recommended by MDCC/as agreed by all professionals after investigations and assessments (*or for case of Cat. (d) at item B13*)

- No
- Yes and the child was already a subject of statutory supervision at the time of maltreatment under the legal provisions of:
  - Protection of Children and Juveniles Ordinance (PCJO)
  - Juvenile Offenders Ordinance
  - Guardianship of Minors Ordinance
  - Matrimonial Causes Ordinance
  - High Court Ordinance
  - Other(s), please specify \_\_\_\_\_
- Yes (*please answer item (a) below*)
  - (a) Has application for statutory supervision been made?
    - Not yet (*please update item 5(1) of Appendix 3, CPR Form III, to this Annex when application has been made*)
    - Yes

B25. Type of harm/maltreatment or suspected harm/maltreatment (Please refer to definitions stated in the “Protecting Children from Maltreatment--Procedural Guide for Multi-disciplinary Co-operation”) (*may select more than one type of harm/maltreatment for multiple abuse and more than one choice of sub-item under each specific type*)

- Physical harm/abuse
  - Battering & non-accidental use of force (fisting, kicking, striking with an object, shaking a baby, etc.)
  - Non-accidental injury by poison, acid or fire, etc.
  - Forcing a child to undertake duties inappropriate to his/her physical strength or age
  - Factitious Disorder Imposed on Another
- Neglect
  - Inadequate physical care (food, clothing, shelter, improper storage of dangerous drugs resulting in accidental ingestion by a child, etc.)
  - Inadequate health care
  - Deprivation of education/training
  - Leaving a child habitually unattended
  - A mother used drug/alcohol during pregnancy resulting in signs of poisoning of the newborn or withdrawal symptoms for dangerous drug or alcohol of the infant

Sexual abuse (please also answer item (a) below)

- Incest
- Raped by/Sexual intercourse with relatives (other than grandparent(s)/parent(s)/sibling(s)
- Raped by/Sexual intercourse with non-relative(s)
- Other forms of sexual activity (indecent assault, masturbation, oral sex, fondling, indecent exposure, etc.)

(a) Whether the sexual abuse involved the following:

<ul style="list-style-type: none"> <li>(i) The Child acquainted with the perpetrator/alleged perpetrator through internet/software in mobile phone</li> <li>(ii) Compensated dating</li> <li>(iii) Cybersex</li> <li>(iv) Production of pornographic images of child</li> <li>(v) Sexual grooming</li> </ul>	<input type="checkbox"/> No <input type="checkbox"/> Yes			
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Psychological harm/abuse

- Persistent/severe verbal abuse
- Persistent resentment and rejection/indifference
- Persistent modelling, encouragement and permission of maladaptive behaviours
- An extreme incident of psychological harm/abuse

Not applicable (for **Cat (d)** cases at item **B13**)

B26. Did the child die of maltreatment/suspected maltreatment?

- No (Please update item 5(4) of Appendix 3, CPR Form III, to this Annex if the child died of maltreatment for the same incident after registration)
- Yes (Date of death: \_\_\_\_\_)

B27. Risk factors of child maltreatment (at the time of identification/disclosure/investigation and assessment)  
(Select at most 3 factors from each subgroup if the subgroup is appropriate)

Subgroup 1 Factors relating to maltreated child/child at risk of maltreatment

- This subgroup is not applicable
- School attendance/performance problem
- Behavioural problem (including indulgence in internet surfing, night merriments, etc.)
- Emotional/psychological problem
- Mental illness like schizophrenia, major depression, anxiety disorders, etc.
- Mental retardation including slow learning or developmental delay
- Special educational needs like Autism, Attention Deficit/Hyperactivity Disorder, dyslexia, specific learning disabilities, etc.
- Illness/physical disability
- Unwanted child/pregnancy
- Long period of separation from parents in early infancy (i.e. separation for one year or over before the age of 5)
- Infants/toddlers with caring difficulties
- Substance abuse
- Other(s), please specify \_\_\_\_\_

Subgroup 2 Factors relating to perpetrator/alleged perpetrator/potential perpetrator (for case where parent(s), includes step-parent(s) and adoptive parent(s), is/are perpetrator(s)/alleged perpetrator(s)/potential perpetrator(s))

- This subgroup is not applicable
- Superstitious belief
- Marital problem
- In-law relationship problem
- Emotional/psychological problem
- Mental illness/retardation including slow learning or developmental delay
- Illness/ physical disability
- Immaturity/extreme self-centredness
- Incompetence in child rearing/lack of parenting skills
- High expectation on child-in-question
- Undesirable habits (e.g. gambling, indulgence in internet surfing)

- Heavy/chronic use of drug
- Heavy/chronic use of alcohol
- Intimate partner violence
- Refuse to co-operate with professionals/evasive
- Being perpetrator/alleged perpetrator/potential perpetrator of previous child maltreatment case/case with high risk of maltreatment
- Have a set of cultural beliefs that differs from local social norms
- Other(s), please specify \_\_\_\_\_

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Subgroup 3 Factors relating to environmental or social circumstances

- This subgroup is not applicable*
- Financial difficulty/unemployment/under-employment
- Housing problem/poor living environment
- Perpetrator/alleged perpetrator/potential perpetrator cannot cope with family crisis/stressors
- Lack of support system (e.g. spouse, grandparents, relatives, friends, etc.)
- Lack of community resources (e.g. day child care centre, neighbourhood support child care project, tutorial class, etc.)
- Perpetrator/alleged perpetrator/potential perpetrator (non-family member) can easily access to the child
- Other(s), please specify \_\_\_\_\_

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Subgroup 4 Factors relating to the precipitating incident

- This subgroup is not applicable*
- Incidence was severe and/or of high frequency
- Location of injury on delicate and/or extensive body parts
- Cause of injuries unknown
- Other(s), please specify \_\_\_\_\_

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Not applicable (*for Cat (d) cases at item B13*)

B28. Type of family

- Nuclear family with both parents
- Nuclear family with one parent and step-father/step-mother
- Nuclear family with unmarried parents
- One-parent family with father/mother and his/her cohabitant
- Single-parent family
- Extended family with both parents
- Extended family with one parent
- Extended family with absence of parents
- Other, please specify \_\_\_\_\_

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**Part C - Information on perpetrator/alleged perpetrator/potential perpetrator**

(Note: Use separate Part C for each perpetrator/alleged perpetrator/potential perpetrator)

C1. Year of birth:

*(Leave blank if unknown and select approximate age range listed below)*

Approximate age range:

- 16 or below
- 17 - 21
- 22 - 26
- 27 - 31
- 32 - 36
- 37 - 41
- 42 - 46
- 47 - 51
- 52 - 56

57 or above  
 Unknown (for unidentified person or stranger only)

C2. Sex:  Male  Female  Unknown

C3. Born in HK?  Yes  
 No, please give the year of arrival in HK      
 No, not HK resident  
 Unknown

C4. Relationship of perpetrator/alleged perpetrator/potential perpetrator with child-in-question   
(Please fill in the number according to codes given below.)

**Code of relationship with child-in-question**

(1) Father  
(2) Mother  
(3) Brother  
(4) Sister  
(5) Grandfather  
(6) Grandmother  
(7) Step-father  
(8) Step-mother  
(9) Mother's boyfriend/cohabitant  
(10) Father's girlfriend/cohabitant  
(11) Step-brother  
(12) Step-sister  
(13) Relative  
(14) Family friend/parent of peer  
(15) Foster parent  
(16) House parent/staff of residential institution/children's home/hostel  
(17) Childminder  
(18) Domestic helper  
(19) Co-tenant/neighbour  
(20) School teacher/personnel  
(21) Staff of boarding section of school  
(22) Tutor/coach  
(23) Religious personnel  
(24) Schoolmate/friend/peer  
(25) Inmate of residential service/boarding section of school  
(26) Unrelated person/stranger  
(27) Unidentified person  
(28) Other, please specify \_\_\_\_\_

C5. Residential address of perpetrator/alleged perpetrator/potential perpetrator at the time of maltreatment  
(Please fill in name of street, estate and district only. If information is not available, please fill in "unknown".)

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<input type="checkbox"/> Central/Western	<input type="checkbox"/> Southern	<input type="checkbox"/> Islands	<input type="checkbox"/> Eastern
<input type="checkbox"/> Wan Chai	<input type="checkbox"/> Kowloon City	<input type="checkbox"/> Yau Tsim Mong	<input type="checkbox"/> Sham Shui Po
<input type="checkbox"/> Wong Tai Sin	<input type="checkbox"/> Sai Kung	<input type="checkbox"/> Kwun Tong	<input type="checkbox"/> Sha Tin
<input type="checkbox"/> Tai Po	<input type="checkbox"/> North	<input type="checkbox"/> Yuen Long	<input type="checkbox"/> Tsuen Wan
<input type="checkbox"/> Kwai Tsing	<input type="checkbox"/> Tuen Mun	<input type="checkbox"/> Outside HK	<input type="checkbox"/> Unknown

C6. Whether living at the same residential address as child-in-question at time of incident

Yes       No       Unknown

C7. Marital Status

- Single
- Married
- Cohabited
- Separated/Divorced
- Widowed
- Unknown

C8. Highest educational level attained

- No schooling/below primary
- Lower primary (P.1 - P.3)
- Upper primary (P.4 – P.6)
- Lower secondary (F.1 - F.3)
- Upper secondary (F.4 - F.6)
- Post-secondary or above (such as diploma, associate degree)
- University or above
- Unknown

C9. Occupation

- Business/factory or company proprietor
- Professional/administrative/managerial work (e.g. teacher, social worker, medical practitioner, etc.)
- Clerical/secretarial work
- Sales/shop-keeper/stall owner/hawker
- Service/technical work (e.g. restaurant waiter, hair-dresser, driver, etc.)
- Production work (e.g. factory hand, construction worker, cook, etc.)
- Unemployed/under-employed
- Homemaker
- Student
- Retired
- Staff of welfare /educational organisation (excluding Professional/ administrative/managerial work in the above)
- Unknown
- Other(s), please specify \_\_\_\_\_

C10. Has the perpetrator/alleged perpetrator/potential perpetrator been harm/maltreated in childhood?

Yes       No       Unknown

C11. Ethnicity

<input type="checkbox"/> Chinese	<input type="checkbox"/> French	<input type="checkbox"/> Pakistani
<input type="checkbox"/> African	<input type="checkbox"/> German	<input type="checkbox"/> Singaporean
<input type="checkbox"/> American	<input type="checkbox"/> Indian	<input type="checkbox"/> Sri Lankan
<input type="checkbox"/> Australian	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Tai
<input type="checkbox"/> Bengali	<input type="checkbox"/> Japanese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> British	<input type="checkbox"/> Korean	<input type="checkbox"/> Other, please specify
<input type="checkbox"/> Canadian	<input type="checkbox"/> Nepalese	
<input type="checkbox"/> Filipino	<input type="checkbox"/> New Zealander	<hr/> <input type="checkbox"/> Unknown

C12. Residential status

- Hong Kong resident
- Conditional stay (including visiting relatives, work, study, visit, torture/non-refoulement claim, etc.)
- Illegal stay

Unknown  
 Other, please specify \_\_\_\_\_

C13. Does the perpetrator/alleged perpetrator/potential perpetrator has the following situations?

Alcoholism       Drug abuse       Unsustainable indebtedness  
 Mental illness       Indulgence in Gambling       Mental handicap  
 Physical handicap/illness  
 Unknown  
 Not applicable

C14. Has the case been reported to the Police?

No       Yes (*please also answer item (a) below*)

(a) Any prosecution contemplated or made as a result of the incident of harm/maltreatment?

Not yet known pending police investigation  
 No prosecution contemplated or made  
 Yes, prosecution was made but court's disposal not yet known (*please update item 5(5) of Appendix 3, CPR Form III, to this Annex when information is available*)  
 Yes, prosecution was made and the court's disposal is:  
*(can tick more than one)*  
 Fined  
 Bound over \_\_\_\_\_ months  
 Probation for \_\_\_\_\_ months  
 Community Service Order for \_\_\_\_\_ hours  
 Hospital Order  
 Imprisonment for \_\_\_\_\_ months yet suspended for \_\_\_\_\_ months  
 Imprisonment for \_\_\_\_\_ months  
 Offence not established  
 Other(s), please specify \_\_\_\_\_

C15. In addition to information provided in this registration, please provide information, as far as possible, on other child(ren) who will be/have already been registered in the CPR in relation to the incident perpetrated by the same perpetrator/alleged perpetrator/potential perpetrator.

Name	Type of Identity Document	Number of Identity Document	Relation with Child-in-question*

\* Please fill in the number according to the codes given below:

**Code of relationship with child-in-question**

(1) Sibling: Brother or sister (including half-sibling, step-sibling or adopted sibling)  
(2) Cousin  
(3) Schoolmate/friend/peer/social media friend  
(4) Neighbour (including co-tenant)  
(5) Inmate of residential service/boarding section of school  
(6) Unrelated child/stranger  
(7) Other, please specify \_\_\_\_\_

#### **Part D - Information on additional form(s)**

Have you attached additional forms for perpetrator/alleged perpetrator/potential perpetrator?

- No
- Yes, please indicate the number of additional form(s) attached:

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#### Reporting Officer/Social Worker

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

Tel No.: \_\_\_\_\_

Rank: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

#### Countersigning Officer/Supervisor

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

Tel No.: \_\_\_\_\_

Rank: \_\_\_\_\_

Signature: \_\_\_\_\_

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

- END -