

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

**Guidelines for completing the data input form**

1. Please complete one form for each case. If there are more than one child or perpetrator/alleged perpetrator/potential perpetrator in the case, please provide information on these persons by filling out a separate form for each individual, using *Part B* for child and *Part C* for perpetrator/alleged perpetrator/potential perpetrator.
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 send in your completed data input form in a sealed envelope marked “Confidential” to Child Protection Registry at the following address as soon as possible following the Multi-disciplinary Case Conference on Protection of Child with Suspected Maltreatment (MDCC) (if any) or immediately after the investigation 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.

Child Protection Registry  
Family and Child Welfare Branch  
Social Welfare Department  
7/F, Wu Chung House  
213 Queen’s Road East  
Wanchai  
Hong Kong

**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>1</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\(i\) and 2\(ii\)](#) of the Information Sheet on CPR at [Annex 14](#) to the “Protecting Children from Maltreatment--Procedural Guide for Multi-disciplinary Co-operation; or 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> 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**

For CPR coding only

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 go to item A8*)
  - (111) by child himself/herself
  - (112) by perpetrator(s)/alleged perpetrators(s)/potential perpetrator(s)
  
- (2) identified by (*Tick one only and go to item A9*)
  - (211) parent(s) or family member(s) (i.e. members within the nuclear family) of the child concerned
  - (212) 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)
  - (213) other maltreated/potentially maltreated child(ren) of the maltreatment /suspected maltreatment incident
  - (214) social worker
  - (215) medical professional
  - (216) clinical psychologist/psychiatrist
  - (217) police
  - (218) school personnel (including kindergarten, kindergarten-cum-child care centre, child care centre)
  - (219) carer (other than parent or family member)
  - (220) relative
  - (221) schoolmate/friend/neighbour/inmate of hostel
  - (222) public/mass media
  - (223) other government department
  - (224) others, please specify \_\_\_\_\_

A8. To whom the maltreatment was disclosed to? (*Tick one only*)

- (1) parent(s) or family member(s) (i.e. members within the nuclear family) of the child concerned
- (2) 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)
- (3) other maltreated/potentially maltreated child(ren) of the maltreatment incident
- (4) social worker
- (5) medical professional
- (6) clinical psychologist/psychiatrist
- (7) police
- (8) school personnel (including kindergarten, kindergarten-cum-child care centre, child

- care centre)
- (9) carer (other than parent or family member)
- (10) relative
- (11) schoolmate/friend/neighbour/inmate of hostel
- (12) public/mass media
- (13) other government department
- (14) hotlines
- (15) others, please specify \_\_\_\_\_

A9. Has this case ever been registered with the CPR?

(Tick as appropriate)

- (0) Yes
- (1) No

Number of times of registration

(To be filled in by CPR)

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

(Note: Use separate form of Part B for each child)

B1. CPR No. (If known)

(Not applicable for new cases)

CPR No.

(To be assigned by CPR)

B2. Name in English (surname first):

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

B4. Document of identity (✓ Tick as appropriate)

- (1) Hong Kong Identity Card (HKIC No.: \_\_\_\_\_ )
- (2) Hong Kong Birth Certificate (HKBC No.: \_\_\_\_\_ )
- (3) Passport (Passport No.: \_\_\_\_\_ )
- (4) Entry Permit such as Re-entry Permit/Exit-entry Permit/Visa (Permit No.: \_\_\_\_\_ )
- (5) Hospital No.: \_\_\_\_\_
- (6) Others, 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. Staying in HK since birth?  Yes

No, please give the year of arrival in HK

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

- Yes  No  Unknown

B10. Ethnicity:

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> Chinese    | <input type="checkbox"/> German        | <input type="checkbox"/> Pakistani                 |
| <input type="checkbox"/> African    | <input type="checkbox"/> Indian        | <input type="checkbox"/> Singaporean               |
| <input type="checkbox"/> Australian | <input type="checkbox"/> Indonesian    | <input type="checkbox"/> Sri Lankan                |
| <input type="checkbox"/> British    | <input type="checkbox"/> Japanese      | <input type="checkbox"/> Thai                      |
| <input type="checkbox"/> Canadian   | <input type="checkbox"/> Korean        | <input type="checkbox"/> Vietnamese                |
| <input type="checkbox"/> Filipino   | <input type="checkbox"/> Nepalese      | <input type="checkbox"/> Other(s) (please specify) |
| <input type="checkbox"/> French     | <input type="checkbox"/> New Zealander | <input type="checkbox"/> Unknown                   |
| <input type="checkbox"/> American   | <input type="checkbox"/> Bengali       |  |

B11. Residential status

- Hong Kong resident
- Conditional stay
- Illegal stay
- Unknown
- Other(s) (please specify) \_\_\_\_\_

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

- Attention Deficit/Hyperactivity Disorder
- Autism
- Hearing impairment
- Intellectual disability
- Physical disability
- Mental illness
- Specific Learning Disabilities
- Speech impairment
- Visceral disability
- Visual impairment
- Not applicable

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

- (1)  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 investigation
- (2)  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 investigation.
- (3)  Cat.(c) 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.
- (4)  Cat.(d) The incident was ***not ascertained as a harm/maltreatment to a child who was also not considered at high risk of future harm/maltreatment*** in a MDCC or by all professionals concerned (for cases where MDCC was dispensed with) after the investigation but, with analysis on the concrete information available, professionals considered that the ***suspected maltreatment incident was very likely to have happened.***

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

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

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

1st MDCC/Follow-up plan: \_\_\_\_\_  
 2nd MDCC/Follow-up plan: \_\_\_\_\_  
 3rd MDCC/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.
  - Others. 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.(c) cases in item B13.)

B16. Relationship of family member(s) who participated in the MDCC(s) [please “√” as appropriate]:

- |   | <u>Number of MDCC(s) participated*</u> |
|---|--|
| (1) <input type="checkbox"/> Father                                 | <input type="checkbox"/>               |
| (2) <input type="checkbox"/> Mother                                 | <input type="checkbox"/>               |
| (3) <input type="checkbox"/> Brother                                | <input type="checkbox"/>               |
| (4) <input type="checkbox"/> Sister                                 | <input type="checkbox"/>               |
| (5) <input type="checkbox"/> Grandfather                            | <input type="checkbox"/>               |
| (6) <input type="checkbox"/> Grandmother                            | <input type="checkbox"/>               |
| (7) <input type="checkbox"/> Step-father _                          | <input type="checkbox"/>               |
| (8) <input type="checkbox"/> Step-mother _                          | <input type="checkbox"/>               |
| (9) <input type="checkbox"/> Father's girl-friend/cohabitant        | <input type="checkbox"/>               |
| (10) <input type="checkbox"/> Mother's boy-friend/cohabitant        | <input type="checkbox"/>               |
| (11) <input type="checkbox"/> Other relatives, please specify _____ | <input type="checkbox"/>               |

(\* Please fill in the number of MDCC 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

(\* 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

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

- (1) Maltreated child/potentially maltreated child's residential abode
- (2) Father's/Mother's home (if different from child's residential abode)
- (3) Relative's home (if different from child's residential abode)
- (4) Foster home
- (5) Small group home
- (6) Residential institution/children's home/hostel
- (7) School
- (8) Boarding section of school
- (9) Tuition centre
- (10) Hospital/clinic
- (11) Perpetrator's/alleged perpetrator's/potential perpetrator's residential abode (if perpetrator is not family member/relative/foster parent)
- (12) Public place (e.g. street, restaurant, park, hotel etc.)
- (13) Others, please specify \_\_\_\_\_

b. According to District Council districts (If there were more than one locations, please give the district of the most serious or most frequent or most recent incident. For children classified under Cat.(c) at item B13, please give the child's usual place of residence.)

District Code

(To be filled in by CPR)

- |  |                                       |  |                                     |
|--|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Central/Western | <input type="checkbox"/> Southern     | <input type="checkbox"/> Islands       | <input type="checkbox"/> Eastern    |
| <input type="checkbox"/> Wanchai         | <input type="checkbox"/> Kowloon City | <input type="checkbox"/> Yau Tsim Mong | <input type="checkbox"/> Shamshuipo |
| <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)

\_\_\_\_\_  
\_\_\_\_\_

District Code

(To be filled in by CPR)

- |  |                                       |  |                                     |
|--|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Central/Western | <input type="checkbox"/> Southern     | <input type="checkbox"/> Islands       | <input type="checkbox"/> Eastern    |
| <input type="checkbox"/> Wanchai         | <input type="checkbox"/> Kowloon City | <input type="checkbox"/> Yau Tsim Mong | <input type="checkbox"/> Shamshuipo |
| <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.

- (1) Public housing estate
- (2) Interim housing
- (3) Home Ownership Scheme
- (4) Tenants Purchase Scheme
- (5) Private housing (rented)
- (6) Private housing (self-owned)
- (7) Staff quarters
- (8) Squatters/cottages/huts (rented)
- (9) Squatters/cottages/huts (self-owned)
- (10) Residential home for children
- (11) Sub-divided room
- (12) Others, please specify \_\_\_\_\_

B21. The child's abode at the time of the maltreatment /suspected maltreatment

- (1) Living with both parents
- (2) Living with father and step-mother/father's cohabitant (birth mother of the child)
- (3) Living with mother and step-father/mother's cohabitant (birth father of the child)
- (4) Living with father and his cohabitant (not the birth mother of the child)
- (5) Living with mother and her cohabitant (not the birth father of the child)
- (6) Living with father
- (7) Living with mother
- (8) Living with grandparent(s)
- (9) Living with relative(s)
- (10) Living with childminder
- (11) Living in small group home/foster home
- (12) Living in residential institution/children's home/hostel
- (13) Living in boarding school
- (14) Living in hospital
- (15) Others, please specify: \_\_\_\_\_

B22. Care arrangement recommended in MDCC/as agreed by all professionals after investigation

- 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)
- Others (please specify \_\_\_\_\_)

B23. If residential child care service was recommended in MDCC/agreed by all professionals after the investigation, 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 investigation/as recommended by MDCC/as agreed by all professionals (or for case of Cat. (c) 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:
  - (1) Protection of Children and Juveniles Ordinance (PCJO)
  - (2) Juvenile Offenders Ordinance
  - (3) Guardianship of Minors Ordinance
  - (4) Matrimonial Causes Ordinance
  - (5) High Court Ordinance
  - (6) Others, please specify \_\_\_\_\_
- Yes (please answer question (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 types of harm/maltreatment for multiple abuse and more than one choices of sub item under each specific type)*

- (1) Physical harm/abuse
- (11) Battering & non-accidental use of force (fisting, kicking, striking with an object, shaking a baby, etc.)
  - (12) Non-accidental injury by poison, acid or fire, etc.
  - (13) Forcing a child to undertake duties inappropriate to his/her physical strength or age
  - (14) Factitious Disorder Imposed on Another
- (2) Neglect
- (21) Inadequate physical care (food, clothing, shelter, improper storage of dangerous drugs resulting in accidental ingestion by a child, etc.)
  - (22) Inadequate health care
  - (23) Deprivation of education/training
  - (24) Leaving a child habitually unattended
  - (25) 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
- (3) Sexual abuse (also answer 3a)
- (31) Incest
  - (32) Sexual intercourse with relatives (other than grandparents/ parent(s)/sibling(s))
  - (33) Sexual intercourse with non-relative(s)
  - (34) Other forms of sexual activity (fondling, mutual sexual fondling, etc.)
- (3)(a) Whether the sexual abuse involved the following:
- (i) The Child acquainted with the perpetrator/alleged perpetrator through internet/software in mobile phone  (0) No  (1) Yes
  - (ii) compensated dating  (0) No  (1) Yes
  - (iii) cybersex  (0) No  (1) Yes
  - (iv) production of pornographic images of child  (0) No  (1) Yes
  - (v) sexual grooming  (0) No  (1) Yes
- (4) Psychological harm/abuse
- (41) Persistent/severe verbal abuse
  - (42) Persistent resentment and rejection/indifference
  - (43) Persistent modelling, encouragement and permission of maladaptive behaviours
  - (44) An extreme incident of psychological harm/abuse
- Not applicable (*for Cat (c) cases at item B13*)

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

- (0) 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*)
- (1) Yes (Date of death: \_\_\_\_\_)



B27. Risk factors of child maltreatment (at the time of identification/disclosure/investigation)  
(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

- (0) *This subgroup is not applicable*
- (1) School attendance/performance problem
- (2) Behavioural problem
- (3) Emotional/psychological problem
- (4) Mental illness like schizophrenia, major depression, anxiety disorders, etc.
- (5) Mental retardation including slow learning or developmental delay
- (6) Special educational needs like Autism, Attention Deficit/Hyperactivity Disorder, dyslexia, specific learning disabilities, etc.
- (7) Illness/physical disability
- (8) Unwanted child/pregnancy
- (9) Long period of separation from parents in early infancy (i.e. separation for one year or over before the age of 5)
- (10) Infants/toddlers with caring difficulties
- (11) Others, please specify \_\_\_\_\_

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

- (0) *This subgroup is not applicable*
- (1) Superstitious belief
- (2) Marital problem
- (3) In-law relationship problem
- (4) Emotional/psychological problem
- (5) Mental illness/retardation including slow learning or developmental delay
- (6) Illness/ physical disability
- (7) Immaturity/extreme self-centredness
- (8) Incompetence in child rearing/lack of parenting skills
- (9) High expectation on child-in-question
- (10) Undesirable habits (e.g. gambling, indulgence in internet surfing)
- (11) Heavy/chronic use of drug
- (12) Heavy/chronic use of alcohol
- (13) Intimate partner violence
- (14) Refuse to co-operate with professionals/evasive
- (15) Being perpetrator/alleged perpetrator/potential perpetrator of previous child maltreatment case/case with high risk of maltreatment
- (16) Have a set of cultural beliefs that differs from local social norms
- (17) Others, please specify \_\_\_\_\_

Subgroup 3 Factors relating to environmental or social circumstances

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

Subgroup 4 Factors relating to the precipitating incident

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

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

B28. Type of family

- (1) Nuclear family with both parents
- (2) Nuclear family with one parent and stepfather/stepmother
- (3) Nuclear family with unmarried parents
- (4) One-parent family with father/mother and his/her cohabitant
- (5) Single-parent family
- (6) Extended family with both parents
- (7) Extended family with one parent
- (8) Extended family with absence of parents
- (9) Others, please specify \_\_\_\_\_

Relationship with perpetrator (To be filled in by CPR)

Perpetrator Ref. No.

Relationship

**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*)

Perpetrator Ref. No.

(To be assigned by CPR)

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. Staying in HK since birth?  (1) Yes

(2) No, please give the year of arrival at HK

(3) Unknown

C4. Relationship with child-in-question

Name of  
child-in-question

Relationship of perpetrator  
(Please fill in the number according  
to codes given below)

CPR No.  
(To be filled by CPR)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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) Others, 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"*). To be filled in by CPR  
□□□

\_\_\_\_\_

\_\_\_\_\_

- |  |                                       |  |                                     |
|--|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Central/Western | <input type="checkbox"/> Southern     | <input type="checkbox"/> Islands       | <input type="checkbox"/> Eastern    |
| <input type="checkbox"/> Wanchai         | <input type="checkbox"/> Kowloon City | <input type="checkbox"/> Yau Tsim Mong | <input type="checkbox"/> Shamshuipo |
| <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

Name of child-in-question	Whether living at same residential address as child-in-question	CPR No. (To be filled by CPR)
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	□□□□□□
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	□□□□□□
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	□□□□□□
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	□□□□□□
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	□□□□□□

C7. Marital Status

- (1) Single
- (2) Married
- (3) Cohabited
- (4) Separated/Divorced
- (5) Widowed
- (6) Unknown

C8. Highest educational level attained

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

C9. Occupation

- (1) Business/factory or company proprietor
- (2) Professional/administrative/managerial work
- (3) Clerical/secretarial work
- (4) Sales/shop-keeper/stall owner/hawker
- (5) Service/technical work (e.g. restaurant waiter, hair-dresser, driver, etc.)
- (6) Production work (e.g. factory hand, construction worker, cook, etc.)
- (7) Unemployed/under-employed
- (8) Homemaker
- (9) Student
- (10) Retired
- (11) Unknown
- (12) Others, please specify \_\_\_\_\_

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

- Yes     No     Unknown

C11. Ethnicity:

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

C12. Residential status

- Hong Kong resident
- Conditional stay
- Illegal stay
- Unknown
- Other(s) (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. i) Has the case been reported to the Police?

- (0) No
- (1) Yes

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

- (1) Not yet known pending police investigation
- (2) No prosecution contemplated or made
- (3) 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*)
- (4) Yes, prosecution was made and the court's disposal is:  
(*can ✓ tick more than one*)
  - (41) Fined
  - (42) Bound over \_\_\_\_\_ months
  - (43) Probation for \_\_\_\_\_ months
  - (44) Community Service Order for \_\_\_\_\_ hours
  - (45) Hospital Order
  - (46) Imprisonment for \_\_\_\_\_ months yet suspended for \_\_\_\_\_ months
  - (47) Imprisonment for \_\_\_\_\_ months
  - (48) Offence not established
  - (49) Others, 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	CPR No. *	<i>(Number of Identity Document)</i>
_____	□□□□□□	_____
_____	□□□□□□	_____
_____	□□□□□□	_____
_____	□□□□□□	_____

\* If CPR No. is not available, please try to provide the number of identity document, e.g. HKIC, HKBC, of the child in the space provided as far as possible.

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

Additional form(s) for maltreated child/child at risk of maltreatment/perpetrator/alleged perpetrator/potential perpetrator

Have you attached additional forms for registration of new case?

- (0) No
- (1) Yes
- Maltreated child/child at risk of maltreatment  [indicate the number
- Perpetrator/alleged perpetrator/potential perpetrator  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: \_\_\_\_\_

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To be completed by CPR staff

Date of entry to CPR: \_\_\_\_\_  
Name of Officer: \_\_\_\_\_  
Signature: \_\_\_\_\_