



善學慈善基金職員填寫: For Official Use:	
合作機構: Partnered Organization:	_____
學童編號: Student Case Ref. no.:	_____
申請日期: Date of Application:	_____

### 家長 / 監護人 支援服務 - 申請表格

### Parent/Guardian Support Services - Application Form

#### A. 家長 / 監護人 申請人資料

##### Information of Parent / Guardian Applicant

中文姓名: \_\_\_\_\_ 英文姓名 (姓氏先行)  
Name in Chinese: \_\_\_\_\_ Name in English  
Chinese: \_\_\_\_\_ (Surname first, then given name)  
性別:  男 Male  女 Female 出生日期 (年/月/日): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Gender: \_\_\_\_\_ Date of Birth (YYYY/MM/DD): \_\_\_\_\_  
出生地點: \_\_\_\_\_ 來港日期(如適用): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Date of Entry to Hong Kong  
(if appropriate): \_\_\_\_\_

香港身份證 / 出生證明書 / 豁免登記證明書 \* 號碼:  
(請確保掃描的文件副本清晰可讀)  
Hong Kong Identity Card / Birth Certificate / Certificate of Exemption \* no. : \_\_\_\_\_  
(Please ensure that the scanned document copy is clear and legible)

學童姓名: \_\_\_\_\_ 與申請人關係: \_\_\_\_\_  
Name of Student: \_\_\_\_\_ Relationship: \_\_\_\_\_

學童就讀學校 / 年級: \_\_\_\_\_ (學校 School) / \_\_\_\_\_ (年級 Class)  
Name of Present School / Class: \_\_\_\_\_

聯絡方法: \_\_\_\_\_ (住所電話) \_\_\_\_\_ (日間聯絡電話)  
Contact: \_\_\_\_\_

電郵地址: \_\_\_\_\_  
Email Address: \_\_\_\_\_

通訊地址: \_\_\_\_\_  
Correspondence Address: \_\_\_\_\_

家人過往有沒有  
精神病記錄:  有 (請列明) \_\_\_\_\_  沒有  
Family history of \_\_\_\_\_  
mental illness: Yes (Please specify): \_\_\_\_\_ None

## B. 申請人/學童接受資助情況

### Subsidies and Financial Assistance Received by Applicant / Student

是否來低收入家庭： 否  是 (請提供證明文件)。資助類別：  
Low-income Family:  No  Yes (Please provide supporting document(s). Funding Category:

< 75% 香港家庭入息中位數  
< 75% of Median Monthly Household Income

請提供最近 3 個月之電腦編印糧單或附有閣下姓名、賬戶號碼及薪酬之銀行月結單 / 存摺紀錄  
Please enclose the latest 3 month's computer-generated Payroll Slips or the latest 3 month's Bank Statements / Passbook showing your name, account number and salary entries  
(請參考社會福利署網站 <https://www.swd.gov.hk> 以了解最新數據)  
(Please refer to the website of the Social Welfare Department at <https://www.swd.gov.hk> for the latest statistics)

綜合社會保障援助(綜援)計劃  
Comprehensive Social Security Assistance Scheme (CSSA)

批核文件編號：  
Approval Document Ref. no.: \_\_\_\_\_

學校書簿津貼計劃 全額津貼 / 半額津貼  
School Textbook Assistance Scheme Full Grant / Half Grant

批核文件編號：  
Approval Document Ref. no.: \_\_\_\_\_

其他情況(請列明):  
Other situations (Please specify): \_\_\_\_\_

如有任何以上資助情況，必需連同證明文件副本提交此表格，請確保掃描的文件副本清晰可讀。  
A scanned copy of the above document should be attached to the application form. Please ensure that the scanned document copy is clear and legible.

## C. 申請人接受精神健康評估及服務的情況

### Mental Health Assessment(s) and Service(s) Received by Applicant

接受過精神健康評估並能提供報告  
Have received mental health assessment and report is available

請提供報告副本，連同此表格一起提交  
Please attach the scanned report copy to the application form.

接受過精神健康評估，但未能提供報告  
Have received mental health assessment but report is unavailable

沒有接受過精神健康評估  
Have not received any mental health assessment

**D. 申請人需要關注的狀況**

Issues Exhibited by Applicant

- |   |   |                                   |
|---|---|-----------------------------------|
| 1) 最近有食慾不振的情況嗎?<br>Is there any signs of decreased appetite?                                    | <input type="checkbox"/> 有<br>Yes                                   | <input type="checkbox"/> 沒有<br>No |
| 2) 最近有失眠的情況嗎?<br>Is there any signs of insomnia?  | <input type="checkbox"/> 有<br>Yes                                   | <input type="checkbox"/> 沒有<br>No |
| 3) 最近遇到甚麼情緒困擾想我們了解?<br>Do you have any emotional distress that you would like to share with us? | <input type="checkbox"/> 有 (請於下方列明):<br>Yes (Please specify below): | <input type="checkbox"/> 沒有<br>No |

**E. 申請人曾經 / 現正接受治療的紀錄:**

Past / Current Treatment Received by Applicant:

申請日期 Date of Application	服務名稱 Name of Service	機構名稱 Name of Organization	接受服務日期 1 <sup>st</sup> Date of Service

**F. 公營普通科門診服務 / 非公營治療服務**

Public Out-patient Clinics Services / Private Clinic Services

申請人是否正在輪候公營普通科門診服務 / 正接受其他非公營治療?

Is Applicant on the waitlist for public general out-patient clinics services / receiving private clinic service(s)?

- 是, 請填寫第一次診症日期 (年/月/日): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Yes. Date of 1<sup>st</sup> doctor's appointment (YYYY/MM/DD):
- 否. (申請人需在提取轉介信後輪候醫院管理局轄下之精神科門診服務, 並於 2 個月內交回第一次診症日期, 否則本計劃將有可能終止提供免費服務)  
No. (Applicant will be waitlisted on the psychiatric services by the Hospital Authority and must inform us of the date of the 1<sup>st</sup> doctor's appointment within 2 months. Otherwise, the services provided under the Project are subject to suspension.)
- 申請人正接受其他非公營治療 (請列明): \_\_\_\_\_  
Applicant is receiving private clinic service(s) (please specify):

**G. 與申請人同住的家庭成員資料**

**Personal Particulars of Immediate Household Family Member(s) of Applicant**

與申請人關係 Relationship to Applicant	姓名 Name	母語 / 日常溝通語言 Mother Tongue / Daily Communication Language	年齡 Age	職業 Occupation	精神病史 Mental Illness(es)	備註欄 Remarks

**H. 過去 3 個月平均每月家庭入息**

**Average Monthly Household Income in the Past 3 Months**

<input type="checkbox"/> HKD 0	<input type="checkbox"/> HKD 0 - 5,000	<input type="checkbox"/> HKD 5,000 - 10,000	<input type="checkbox"/> HKD 10,000 - 15,000
<input type="checkbox"/> HKD 15,000 - 20,000	<input type="checkbox"/> HKD 20,000 - 25,000	<input type="checkbox"/> HKD 25,000 - 30,000	<input type="checkbox"/> ≥ HKD 30,000

I. 隱私權聲明  
Privacy Statement

請細閱以下的個人資料使用同意書，並在適當位置簽署。

Please read the Declaration of Consent to Use of Personal Data below carefully and sign as indicated.

**DECLARATION OF CONSENT TO USE OF PERSONAL DATA**

**個人資料使用同意書**

I agree to the use and retention of my personal data by Sheen Hok Charitable Foundation ("SHCF") and Variety – the Children's Charity Hong Kong Limited ("Variety HK") in accordance with SHCF and Variety HK's Personal Information Collection Statement as follows:

本人同意善學慈善基金和 Variety HK 根據其個人資料收集聲明使用及保留本人的個人資料如下：

1. Retention and Use of Personal Information 保存及使用個人資料

SHCF and Variety HK may retain and use my personal information for all purposes relating to SHCF and Variety HK, including the following:

善學慈善基金和 Variety HK 可保存和使用本人的個人資料，用於善學慈善基金和 Variety HK 相關的所有目的，包括以下內容：

- to process my request and/or assess my suitability to become a donor, sponsor, partner, volunteer, employee, officer or director of SHCF or Variety HK;  
處理本人的申請和/或評估本人是否適合成為善學慈善基金或 Variety HK 的捐贈者、贊助商、合作夥伴、義工、員工、幹事、董事；
- to process my request and/or assess my suitability to become a mentor, participant, consultant or service provider in any programs, events, activities or promotions conducted by or in conjunction with SHCF or Variety HK;  
處理本人的申請和/或評估本人是否適合成為善學慈善基金或 Variety HK 的師友、參加者、顧問或服務提供者，或由善學慈善基金、Variety HK 或其合作推行的任何其他計劃；
- to process data analysis, research, public education and promotion;  
作數據分析、研究、公眾教育及推廣之用
- to conduct any programs, events, activities or promotions conducted by or in conjunction with SHCF or Variety HK;  
舉辦由善學慈善基金或 Variety HK 推行的任何計劃；
- to be included in SHCF and Variety HK's mailing lists; and  
包括在善學慈善基金和 Variety HK 的郵件列表中；及
- for compliance with law  
以遵守法律

2. Sharing of Personal Information 分享個人資料

I acknowledge and agree that my personal information may be shared with and used by other organizations which collaborate with or provide services for SHCF and Variety HK for purposes of programs, events, activities or promotions conducted by or in conjunction with SHCF and Variety HK. Personal information collected by SHCF and Variety HK may be disclosed or transferred to the following classes of persons (who may be located within or outside of Hong Kong) for purposes relating directly or indirectly to any of the purposes described in paragraph 1 above:

本人確認並同意本人的個人資料可能會與其他機構（包括合作機構或服務提供者）共享，以用於由善學慈善基金、Variety HK 或與其他機構合作推行的計劃、項目、活動及宣傳活動。善學慈善基金和 Variety HK 收集的個人資料可能會被披露或轉移至以下類別人士（包括位於香港內或境外），直接或間接用於有關與上文第一段所述的任何目的：

- Other participants in programs, events, activities or promotions conducted by or in conjunction with SHCF and Variety HK (including the parents and guardians of such participants);  
由善學慈善基金、Variety HK 或與其合作推行的其他計劃、活動及宣傳活動的其他參加者(包括參加者的父母及監護人)；
- Directors, officers, agents, consultants, employees and representatives of SHCF and Variety HK for purposes of my participation in programs, events, activities or promotions conducted by or in conjunction with SHCF and Variety HK.  
善學慈善基金和 Variety HK 的董事、幹事、代理人、顧問、員工及代表，參與由善學慈善基金、Variety HK 或與其合作推行的計劃、活動或推廣活動；
- SHCF's and Variety HK's bankers, agents, vendors, contractors or third-party service providers, who are involved in programs, events, activities or promotions conducted by or in conjunction with SHCF and Variety HK;  
參與由善學慈善基金、Variety HK 或與其合作推行的任何類似計劃的銀行、代理商、供應商、承包商或第三方服務提供商；
- Governments, law enforcement authorities, courts and tribunals, provided such disclosure or transfer is made in accordance with law.  
政府、執法機關、法院及審裁處（僅限於依法進行披露或轉讓）。

### 3. Access and Correction of Personal Information 存取及更正個人資料

I acknowledge that, under the Personal Data (Privacy) Ordinance, I have the right to ascertain whether SHCF and Variety HK hold my personal data and, if it does, to request a copy of the data and/or to request the correction of any of the data that is inaccurate.

本人確認，根據“個人資料（私隱）條例”，本人有權確定善學慈善基金和 Variety HK 是否持有本人的個人資料，若有，本人可以要求善學慈善基金和 Variety HK 提供資料的副本更正任何不正確資料。

### 4. Variation of Policy 政策的變更

I acknowledge that SHCF and Variety HK may amend, modify, cancel, or interpret its data collection policy at any time and from time to time, or to terminate or suspend the availability of this policy any time with or without any prior notice.

本人確認善學慈善基金和 Variety HK 在無論是否事先通知本人下，可能隨時修改、改動、取消或解釋其資料收集的政策，或在任何時候、終止或暫停本政策的可用性。

5. Declaration of Consent to Use Photos and Videos 個人照片及視頻使用同意書

(The box below must be checked 必須在以下方格中填上 ✓)

To be completed by individuals aged 18 years and over 由 18 歲或以上的個人填寫	
<input type="checkbox"/>	<p>I give permission to SHCF and Variety HK to take photographs and / or video of me and I grant SHCF and Variety HK full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images, for fundraising, publicity or other purposes to help achieve the aims and objectives of SHCF, Variety HK and its affiliates. I acknowledge this might include (but is not limited to), the right to use such images in SHCF and Variety HK's printed and online publicity, social media, press releases, funding applications and similar media and materials.</p> <p>本人允許善學慈善基金和 Variety – the Children's Charity Hong Kong Limited ("Variety HK") 拍攝本人的照片和視頻。本人授予善學慈善基金和 Variety HK 權利使用攝影/錄像拍攝所得的圖像, 以及圖像的任何複製或改編製作, 作籌款、宣傳或其他用途。以幫助實現善學慈善基金、Variety HK 及其聯繫機構的宗旨和目標。亦可能包括(但不限於) 在 善學慈善基金和 Variety HK 的印刷和網上宣傳、社交媒體、新聞稿、申請撥款以及相關媒體和資料。</p>

此中文個人資料使用同意書以英文版本為譯本, 如中、英文兩個版本有任何抵觸或不相符之處, 應以英文版本為準。

If there is any inconsistency or ambiguity between the English version and the Chinese version in respect of all or any part of the contents in the Declaration of Consent to Use of Personal Data, the English version shall prevail.

本人謹此聲明, 在本申請表內所填報的所有資料, 均屬正確、完備和真實。在接受由本計劃轉介的服務前, 本人明白有機會被要求提供額外的相關證明副本予以作進一步稽查。

I hereby declare that all the information given in this application form is correct, complete and true. Before receiving service(s) referral by this Project, I understand that I may be asked to provide additional related supporting documents for further processing.

申請人簽署 Signature by Applicant:

\_\_\_\_\_

申請人姓名 Name of Applicant:

\_\_\_\_\_

學童姓名 Name of Student:

\_\_\_\_\_

學生申請人歲數:

Age of Student Applicant:

\_\_\_\_\_

聲明日期 (年/月/日):

Date of Declaration (YYYY/MM/DD):

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

由申請機構填寫:

To be completed by Organization:

機構名稱:

Name of Organization:

社工註冊編號 (如適用):

Social Worker Registration no. (if appropriate):

社工姓名:

Name of Social Worker:

社工電郵地址:

Email Address by Social Worker:

社工簽署:

Signature by Social Worker

社工聯絡電話:

Social Worker's Contact:

填寫日期:

Date of Application:

請將填妥的表格及掃描的證明文件副本電郵至 [info@sheenhok.org](mailto:info@sheenhok.org)。

如有任何疑問可致電 2500 8117 聯絡本會職員彭先生。

Please send the completed application form along with scanned supporting documents to [info@sheenhok.org](mailto:info@sheenhok.org).

If you have any queries, please feel free to call Mr Pang at 2500 8117.

善學慈善基金職員填寫:

For Official Use:

將轉介的服務:

Service(s) to be Referred: \_\_\_\_\_

: 請在適當方格內填上「✓」號; 凡見「項, 請將不適用者刪去

: Please tick as appropriate; " : Please delete where inappropriate