

Bradbury Parents Resource Centre Membership Application Form

Please fill in the following application form and send it with your membership fee to: G/F, Wing A, Chun Tung House, Tung Tau Estate, Kowloon. Cheque should be made payable to “The Hong Kong Down Syndrome Association”. If there is any enquiry, please call 2718 7778.

Eligibility :

Persons who have a child/ relative with disability
(Custodian should fill in the application for persons under 18)

Membership Fee:

Annual Membership fee--\$21 (Annual renewal of membership is in April)

For Office use

Receipt No.: _____

Membership No.: _____

Personal Information of member with disability	
Name (English)	
Name (Chinese, if any)	
Gender	<input type="radio"/> Male <input type="radio"/> Female (Please select one)
Height	M
Weight	KG
ID card/Birth Cert. No.	
Interest/Hobbies	
Nationality	<input type="checkbox"/> China <input type="checkbox"/> Foreign, please specify:
Language	
Date of Birth	
Contact No.	

Region	----Hong Kong----		----New Territories East----	
	<input type="checkbox"/> Islands	<input type="checkbox"/> West Central District	<input type="checkbox"/> North District	<input type="checkbox"/> Tai Po
	<input type="checkbox"/> Southern District	<input type="checkbox"/> East District	<input type="checkbox"/> Sha Tin	
	<input type="checkbox"/> Wan Chai		----New Territories West----	
	----Kowloon East----		<input type="checkbox"/> Tuen Mun	<input type="checkbox"/> Yuen Long
	<input type="checkbox"/> Kowloon City	<input type="checkbox"/> Kwun Tong	----Others----	
	<input type="checkbox"/> Wong Tai Sin	<input type="checkbox"/> Sai Kung	<input type="checkbox"/> Chinese Families	<input type="checkbox"/> Foreign Family
	----Kowloon West----		<input type="checkbox"/> The expatriate family	
	<input type="checkbox"/> Mong Kok	<input type="checkbox"/> Sham Shui Po		
	<input type="checkbox"/> Yau Ma Tei	<input type="checkbox"/> Tsuen Wan		
<input type="checkbox"/> Kwai Ching				

Main Form of Disability	<input type="checkbox"/> Down Syndrome <input type="checkbox"/> Mentally handicapped <input type="checkbox"/> Autism <input type="checkbox"/> Slow Learning Development <input type="checkbox"/> Physically handicapped
Other Disability (more than one option)	<input type="checkbox"/> (0) None <input type="checkbox"/> (1) epileptic <input type="checkbox"/> (2) Autism <input type="checkbox"/> (3) Mental disorder <input type="checkbox"/> (4) Ablepsia <input type="checkbox"/> (5) Amblyopic <input type="checkbox"/> (6) Deafness <input type="checkbox"/> (7) Partially deaf <input type="checkbox"/> (8) Cerebral palsy <input type="checkbox"/> (9) Physically Handicapped <input type="checkbox"/> (10) Other,please specify:
Level of Mental Disability:	<input type="checkbox"/> (1)Borderline (IQ 70-79) <input type="checkbox"/> (2)Mild (IQ:50-69) <input type="checkbox"/> (3)Moderate (IQ:35-49) <input type="checkbox"/> (4)Critical (IQ:20-34) <input type="checkbox"/> (5)Severe (IQ : 20 以下) <input type="checkbox"/> (6) Assessment not done <input type="checkbox"/> (7) Expecting Assessment result <input type="checkbox"/> (8 Do not know <input type="checkbox"/> (9) Do not remember
Education(more than one option)	<input type="checkbox"/> (1) None <input type="checkbox"/> (2) Special School <input type="checkbox"/> (3) Mainstream primary schools <input type="checkbox"/> (4) Mainstream secondary schools <input type="checkbox"/> (5) Do not know School Name: _____ Year: _____
Main Living place	<input type="checkbox"/> (1)At home <input type="checkbox"/> (2) Integrated Vocational Training Centre - Hong Chi Pinehill IVTC) <input type="checkbox"/> (3) Supported Hostel <input type="checkbox"/> (4) Hostel for Moderately Mentally Handicapped Persons <input type="checkbox"/> (5) Hostel for Severely Mentally Handicapped Persons <input type="checkbox"/> (6) Care and Attention Home for Severely Disabled Person <input type="checkbox"/> (7) small family <input type="checkbox"/> (8) Private Hostel Hostel name: _____

Vocational Rehabilitation Service (If appropriate)	<input type="checkbox"/> (0) None <input type="checkbox"/> (2) Sheltered Workshop <input type="checkbox"/> (4) Integrated Vocational Rehabilitation Services Centre <input type="checkbox"/> (6) On the Job Training Programme for people with disabilities <input type="checkbox"/> (8) Work Extension Programme (WEP) <input type="checkbox"/> (10) Open recruitment, please specify the nature of work:	<input type="checkbox"/> (1) Day Activity Centre <input type="checkbox"/> (3) Supported Employment <input type="checkbox"/> (5) Integrated Vocational Training Centre-Caritas Lok Mo IVTC and Hong Chi Pinehill IVTC) <input type="checkbox"/> (7) Sunnyway – On the Job Training Programme for Young People with Disabilities <input type="checkbox"/> (9) Skills Centre (Tung Man, Kwan Tong, Pok Fu Lam)
Social Support Service (more than one option)	<input type="checkbox"/> (0) None <input type="checkbox"/> (2) Social and Recreational Centre for the Disabled <input type="checkbox"/> (4) District Support Centre for Persons with Disabilities (DSC) <input type="checkbox"/> (6) Self-help Organizations of People with Disabilities <input type="checkbox"/> (8) Emergency Place Service <input type="checkbox"/> (10) Occasional Child Care Services <input type="checkbox"/> (12) Other, please specify:	<input type="checkbox"/> (1) Home- base Training and support service <input type="checkbox"/> (3) Parents / Relatives Resource Centre for Disabled Persons <input type="checkbox"/> (5) Gateway Club <input type="checkbox"/> (7) Residential Respite Service <input type="checkbox"/> (9) Shelters <input type="checkbox"/> (11) occupational therapy, physiotherapy, speech therapy service
If there is any Social Support Service, please specify:	Name of service unit:	
Medication service use when needed	<input type="checkbox"/> (1) private clinics <input type="checkbox"/> (2) general outpatient clinics in public <input type="checkbox"/> (3) Accident and emergency departments of public hospitals <input type="checkbox"/> (4) Other, please specify:	
Psychiatric treatment in Specialties/Family doctor use	<input type="radio"/> None <input type="radio"/> Yes, please specify:	
Chronic medication	<input type="radio"/> None <input type="radio"/> Yes, please specify:	
Other emotional and behavioral problem		
Other remarks (e.g Eating habit)		

Developmental need of disable person (Place the areas in order 1-5, 1 being the most needed. Please choose no more than 5 options)	<input type="checkbox"/> Strengthen language communication ability <input type="checkbox"/> Develop interests <input type="checkbox"/> Improve cognitive ability Others, please specify:	<input type="checkbox"/> Train for good physique <input type="checkbox"/> Learn to use community facilities <input type="checkbox"/> Learn to serve others	<input type="checkbox"/> Strengthen self-care skill <input type="checkbox"/> Emotion control <input type="checkbox"/> Strengthen communication skill with others (including family and peers)
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Details of Parents/ Careers

Name (English)	
Name (Chinese, if any)	
Gender	<input type="radio"/> Male <input type="radio"/> Female (Please select one)
ID card/Birth Cert. No.	
Date of Birth	
Occupation	
Relationship with member with Disability:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Social worker <input type="checkbox"/> Others, please specify:
Nationality	
Language	
Address	
Contact Telephone no.(Home)	
Contact Telephone no.(Mobile)	
E mail	
Family Income	<input type="checkbox"/> Below \$4,999 <input type="checkbox"/> \$ 5,000 – 9,999 <input type="checkbox"/> \$ 10,000 – 14,999 <input type="checkbox"/> \$ 15,000 – 19,999 <input type="checkbox"/> \$ 20,000 – 24,999 <input type="checkbox"/> \$ 25,000 – 29,999 <input type="checkbox"/> \$ 30,000 – 34,999 <input type="checkbox"/> \$ 35,000 – 39,999 <input type="checkbox"/> \$ 40,000 – 44,999 <input type="checkbox"/> Above \$ 45,000 <input type="checkbox"/> CSSA
Number of family member	<input type="checkbox"/> 2 persons <input type="checkbox"/> 3 persons <input type="checkbox"/> 4 persons <input type="checkbox"/> 5 persons <input type="checkbox"/> More than 6
Status	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Others, please specify:

Education	<input type="checkbox"/> None <input type="checkbox"/> Primary 6 or below <input type="checkbox"/> Secondary <input type="checkbox"/> Others, please specify: <input type="checkbox"/> University or above
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Children	Number of children <input type="text"/> Number of children With Disability <input type="text"/> Age of Each Child <input type="text"/> Ranking of Child with Disability <input type="text"/>
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Difficulties faced by the family (Place the areas in order 1-5, 1 being the most needed. Please choose no more than 5 options)

Problem Encountered in the Family (please place them in the order 1-5 in the grid, 1 being the most difficult, etc, choose no more than 5 options)	<input type="checkbox"/> Health and medical problems of a child/children with Disability <input type="checkbox"/> Social problems of a child/children with Disability <input type="checkbox"/> Problems between a child/children with Disability and sibling <input type="checkbox"/> Problems between a child/children with Disability and parents <input type="checkbox"/> Family financial problem <input type="checkbox"/> Marital problem with spouse <input type="checkbox"/> Others, please specify:	<input type="checkbox"/> Education problems of a child/children with Disability <input type="checkbox"/> Future plans of a child/children with Disability <input type="checkbox"/> Acceptance of a child/children with Disability by people within the community <input type="checkbox"/> Child Rearing/Parenting Problem <input type="checkbox"/> Spousal problem caused by difference of opinion on care and discipline of child/children <input type="checkbox"/> Emotional & behavioral problem of a child/children with Disability, please specify:
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Are you willing for parents and staff of this centre to further comprehend your current situation and service needs through telephone or home visits?	<input type="radio"/> Yes <input type="radio"/> No
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Are you willing for parents in parents' committee to contact you for caring or activities promotion?	<input type="radio"/> Yes <input type="radio"/> No
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Would you consent to let member's voice and photos publish on Association publications or for open use?	<input type="radio"/> Agree <input type="radio"/> Do not agree
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I voluntarily offer the above personal information to HK Down Syndrome Association for programme application and personal contact. I fully understand I have the right to inquire my personal information, and I have the responsibility to update it in case of any changes.

Signature _____ Date _____