香港唐氏綜合症協會
The Hong Kong Down Syndrome Association

Membership Registration Form

To register as a member, please complete the form and send to
The Hong Kong Down Syndrome Association, G/F, Wing A, Chun Tung House, Tung Tau Estate, Kowloon.
(Please indicate ñMembership Registrationò)
Membership fee should be sent by cheque and made payable to ñ**The Hong Kong Down Syndrome Association".** For enquiry, please call 2718 7778.

Eligibility:

A. Adult aged 18 or above and with one of the following criteria:-
- ☐ Parents/relatives of person with Down Syndrome ; OR
- ☐ Person who commits to improve quality of life of persons with Down Syndrome, as well as their families.

B. Organization or agency interested in our services can join as a corporate member.

Types of Membership:

1. ☐ New Member：
   - ❑ Ordinary Member HKD$50 per year (annual renewal of membership should be done on or before April)
   - ❑ Life Member HKD$500
   - ❑ Corporate Member HKD$200 per year (annual renewal of membership should be done on or before April)
2. ☐ Renewal： (Membership no.：_____)

A. Details of individual applicant:

Name : (Chin, if any)_____ (Eng)_____
D.O.B : _____(DD/MM/YYYY) I.D. Card no.：_____ Sex:_____
Nationality : _____ Language: ❑ Cantonese ❑ English ❑Mandarin ❑Others：_____
Correspondence Address：_____
Contact no.(Residential)：_____ (Mobile)_____
Email address：_____ Occupation：_____
Academic qualification： ❑ Primary or below ❑ Secondary ❑ Tertiary or above ❑ Other：_____

If you are parent / relatives of person with Down syndrome, please also complete the following:

Name of DS child /relatives：(Chin)_____ (Eng)_____
D.O.B：_____(DD/MM/YYYY) I.D. Card /Birth Cert no.：_____ Sex:_____
Nationality：_____ Language: ❑ Cantonese ❑ English ❑Mandarin ❑Others：_____
Relationship：_____ Name of school / workplace：_____
Level of intelligence disability：❑ Normal I.Q. ❑ Mild ❑ Moderate ❑ Severe ❑ Unknown

* I ❑ will / ❑ will not consent the DS Parent Regional Network representative to contact me for friendly visit or service promotion.

B. Details of Corporate applicant:

Name of Organization：(Chin)_____ (Eng)_____
Nature：❑ Education ❑ Social Welfare ❑ Commercial ❑ Religion ❑ Other：(Please specify)_____
Correspondence Address：_____
Contact no.：_____ Fax no.：_____ Email address：_____
Name of contact person：_____ Position：_____

* I ❑ consent / ❑ do not consent HKDSA to use the above information for liaison in future.

Signature：_____ Date：_____
Name of Corporate Head (if applicable)：_____ Chop (if applicable)：_____

For Office Use:

Date application received：_____ Membership no.：_____
Cheque no.：_____ Receipt no.：_____

The Hong Kong Down Syndrome Association
Wing A, G/F., Chun Tung House, Tung Tau Estate, Kowloon, Hong Kong
Tel.: (852) 27187778 Fax. (852) 27180811

Down Syndrome Member's name:_____ Member No.:_____

Details of member with Down Syndrome:

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

Vocational Rehabilitation Service (If appropriate)	☐ (0) None ☐ (1)Day Activity Centre ☐ (2)Sheltered Workshop ☐ (3) Supported Employment ☐ (4) Integrated Vocational Rehabilitation Services Centre ☐ (5) Integrated Vocational Training Centr-Caritas Lok Mo IVTC and Hong Chi Pinehill IVTC) ☐ (6) On the Job Training Programme for people with disabilities ☐ (7) Sunnyway ï On the Job Training Programme for Young People with Disabilities ☐ (8) Work Extension Programme (WEP) ☐ (9) Skills Centre (Tung Man, Kwan Tong, Pok Fu Lam) ☐ (10)Open recruitment,please specify the nature of work:
Social Support Service (more than one option)	☐ (0)None ☐ (1)Home- base Training and support service ☐ (2) Social and Recreational Centre for the Disabled ☐ (3) Parents / Relatives Resource Centre for Disabled Persons ☐ (4) District Support Centre for Persons with Disabilities (DSC) ☐ (5) Gateway Club ☐ (6) Self-help Organizations of People with Disabilities ☐ (7) Residential Respite Service ☐ (8)Emergency Place Service ☐ (9) Shelters ☐ (10) Occasional Child Care Services ☐ (11) occupational therapy, physiotherapy, speech therapy service ☐ (12) Other,please specify: Name of service unit:
Medication service use when needed	☐ (1) private clinics ☐ (2) general outpatient clinics in public ☐ (3) Accident and emergency departments of public hospitals ☐ (4)Other, please specify:
Psychiatric treatment in Specialties/Family doctor use	☐ None ☐ Yes, please specify:
Chronic medication	☐ None ☐ Yes, please specify:
Other emotional and behavial 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)	☐ Strengthen language communication ability ☐ Train for good physique ☐ Strengthen self-care skill ☐ Develop interests ☐ Learn to use community facilities ☐ Emotion control ☐ Improve cognitive ability ☐ Learn to serve others ☐ Strengthen communication still with others (including family and peers)

	☐ Others, please specify:

Remarks	
Health condition of member with Down Syndrome:	
Please describe the health condition	☐ Very Good ☐ Good ☐ Average ☐ Bad
Any diagnosed Oral and gastrointestinal problem(more than one option)	☐ (0) None ☐ (1) Acid reflux ☐ (2) Gastritis or a gastric (or stomach) ulcer ☐ (3) Constipation ☐ (4) Ileus ☐ (5) Dysphasia ☐ (6) Others, please specify:
Any diagnosed ophthalmic problem (more than one option)	☐ (0) None ☐ (1) Nearsightedness ☐ (2) Hypermetropia ☐ (3) Strabismus ☐ (4) Vision loss ☐ (5) Cataract ☐ (6) Glaucoma ☐ (7) Astigmatism ☐ (8) Others, please specify:
Any diagnosed lung problem or dysonea (more than one option)	☐ (0) None ☐ (1) Asthma ☐ (2) Chronic obstructive pulmonary disease, COPD ☐ (3) Allergic Rhinitis ☐ (4) Sleep apnea syndrome ☐ (5) Pneumonia ☐ (6) Tracheitis / bronchitis ☐ (7) Periodic pumping difficulties ☐ (8) Others, please specify:
Any diagnosed skin problem. (more than one option)	☐ (0) None ☐ (1) Skin infection (virus, germs, fungus) ☐ (2) Chronic ulcers ☐ (3) Dry skin ☐ (4) Eczema or allergic rash eczema ☐ (5) Psoriasis ☐ (6) Others, please specify:
Any diagnosed muscle and joint problem (more than one option)	☐ (0) None ☐ (1) Muscle, joint sclerosis ☐ (2) Osteoarthritis / rheumarthritis ☐ (3) Osteoporosis ☐ (4) Gout ☐ (5) Flat-footed ☐ (6) Others, please specify:
Any diagnosed cardiovascular problem (more than one option)	☐ (0) None ☐ (1)Congenital heart disease (For example, the heart drain) ☐ (2)Coronary disease ☐ (3) Others, please specify:
Any diagnosed ear problem (more than one option)	☐ (0) None ☐ (1) Cerumen impaction ☐ (2) Listening recession ☐ (3) Deafness

	☐ (4) Others, please specify:
Any diagnosed psychological or mental illness (more than one option)	☐ (0) None ☐ (1) Depression ☐ (2) Anxiety Disorders ☐ (3) Dementia ☐ (4) Schizophrenia ☐ (5) Manic-depressive psychosis ☐ (6)Unknown behavior out of control ☐ (7) Infantile autism ☐ (8) Hyperactivity Disorder ☐ (9) Others, please specify:
Any diagnosed endocrine / metabolic / infectious / other diseases (more than one option)	☐ (0) None ☐ (1) Urethritis ☐ (2) Thyroid dysfunction ☐ (3) Obesity syndrome ☐ (4) Hormonal imbalance ☐ (5) Sleep apnea syndrome ☐ (6) Leukemia ☐ (7) Others, please specify:
Any diagnosed dental problem (more than one option)	☐ (0) None ☐ (1) Periodontal ☐ (2)Decayed tooth ☐ (3) Others, please specify:
Any surgical operation done (more than one option)	☐ None ☐ Yes, please specify:
Type of exercise practice in one week (more than one option)	☐ Intense exercise ☐ Moderate exercise ☐ Easy movement ☐ None Frequency:
Any smoking habit	☐ Yes ☐ No
Details of Parents/ Careers/ Member:	
Family Income	☐ Below $4,999 ☐ $ 5,000－9,999 ☐ $ 10,000－14,999 ☐ $ 15,000－19,999 ☐ $ 20,000－24,999 ☐ $ 25,000－29,999 ☐ $ 30,000－34,999 ☐ $ 35,000－39,999 ☐ $ 40,000－44,999 ☐ Above $ 45,000 ☐ CSSA
Number of family member	☐ 2 persons ☐ 3 persons ☐ 4 persons ☐ 5 persons ☐ More than 6
Status	☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Single ☐ Others, please specify:
Education	☐ None ☐ Primary 6 or below ☐ Secondary ☐ Others, please specify: ☐ University or above

Children	Number of children ☐ Age of Each Child ☐ Number of children With Disability ☐ Ranking of Child with Disability ☐
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,1being the most difficult, etc, choose no more than 5 options)	☐ Health and medical problems of a child/children with Disability ☐ Education problems of a child/children with Disability ☐ Social problems of a child/children with Disability ☐ Future plans of a child/children with Disability ☐ Problems between a child/children with Disability and sibling ☐ Acceptance of a child/children with Disability by people within the community ☐ Problems between a child/children with Disability and parents ☐ Child Rearing/Parenting Problem ☐ Family financial problem ☐ Spousal problem caused by difference of opinion on care and discipline of child/children ☐ Marital problem with spouse ☐ Emotional & behavioral problem of a child/children with Disability, please specify: ☐ Others, please specify:
Are you willing for parents and staff of this centre to further comprehend your current situation and service needs through telephone or home visits?	☐ Yes ☐ No
Are you willing for parents in parentsô committee to contact you for caring or activities promotion?	☐ Yes ☐ No
Would you consent to let memberôs voice and photos publish on Association publications or for open use?	☐ Agree ☐ Do not agree

I voluntarily offer the above personal information to HK Down Syndrome Association for programme application and personal contact. I funy understand I have the right to inquire my personal information, and I have the responsibility to update it in case of any changes.

簽 署：Signature_____ 日 期：Date_____