



香港唐氏綜合症協會

The Hong Kong Down Syndrome Association

SQS3\_A004

## 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.

\* If you are applying by post, please comply with the applicant's disability document.

### 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 in April)

### For Office Use:

(Checked applicant's disability documentary evidence Yes  No , reason: \_\_\_\_\_)

Receipt No.: \_\_\_\_\_ Membership No.: \_\_\_\_\_

Personal information of member with disability	
Name (English)	
Name (Chinese, if any)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female (Please select one)
Date of Birth	
Nationality	<input type="checkbox"/> China <input type="checkbox"/> Foreign, please specify: _____
Language	
Contact No.	
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"/> None <input type="checkbox"/> Epileptic <input type="checkbox"/> Autism <input type="checkbox"/> Mental disorder <input type="checkbox"/> Ablepsia <input type="checkbox"/> Amblyopic <input type="checkbox"/> Deafness <input type="checkbox"/> Partially deaf <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Physically handicapped <input type="checkbox"/> Other, please specify: _____
Level of Mental Disability	<input type="checkbox"/> Borderline (IQ: 70-79) <input type="checkbox"/> Mild (IQ: 50-69) <input type="checkbox"/> Moderate (IQ: 35-49) <input type="checkbox"/> Critical (IQ: 20-34) <input type="checkbox"/> Severe (IQ: below 20) <input type="checkbox"/> Assessment not done <input type="checkbox"/> Expecting Assessment result <input type="checkbox"/> Do not know <input type="checkbox"/> Do not remember

<b>Education</b> <i>(more than one option)</i>	<input type="checkbox"/> None <input type="checkbox"/> Special school <input type="checkbox"/> Mainstream primary schools <input type="checkbox"/> Mainstream secondary schools <input type="checkbox"/> Do not know  School Name: _____ Year: _____
<b>Vocational Rehabilitation Service</b> <i>(If appropriate)</i>	<input type="checkbox"/> None <input type="checkbox"/> Day Activity Centre <input type="checkbox"/> Sheltered Workshop <input type="checkbox"/> Supported Employment <input type="checkbox"/> Integrated Vocational Rehabilitation Services Centre <input type="checkbox"/> Integrated Vocational Training Centre <input type="checkbox"/> On the Job Training Programme for people with disabilities <input type="checkbox"/> Sunnyway – On the Job Training Programme for Young People with Disabilities <input type="checkbox"/> Work Extension Programme (WEP) <input type="checkbox"/> Skills Centre <input type="checkbox"/> Open recruitment, please specify the nature of work:
<b>Social Support Service</b> <i>(more than one option)</i>	<input type="checkbox"/> None <input type="checkbox"/> Home-base Training and support service <input type="checkbox"/> Social and Recreational Centre for the Disabled <input type="checkbox"/> Parents / Relatives Resource Centre for Disabled Persons <input type="checkbox"/> District Support Centre for Persons with Disabilities (DSC) <input type="checkbox"/> Gateway Club <input type="checkbox"/> Self-help Organizations of People with Disabilities <input type="checkbox"/> Residential Respite Service <input type="checkbox"/> Emergency Place Service <input type="checkbox"/> Shelters <input type="checkbox"/> Occasional Child Care Services <input type="checkbox"/> Occupational therapy, physiotherapy, speech therapy service <input type="checkbox"/> Other, please specify:
<b>Other emotional and behavioral problem</b>	
<b>Details of Parents/Careers</b>	
<b>Name</b> <i>(English)</i>	
<b>Name</b> <i>(Chinese, if any)</i>	
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please select one)</i>
<b>I.D. No.</b>	
<b>Date of Birth</b>	
<b>Occupation</b>	
<b>Relationship with member with Disability</b>	<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: _____
<b>Nationality</b>	
<b>Language</b>	
<b>Address</b>	
<b>Contact Telephone no.</b> <i>(Home)</i>	
<b>Contact Telephone no.</b> <i>(Mobile)</i>	

<b>E-mail</b>	
<b>Number of family member</b>	<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
<b>Status</b>	<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: _____
<b>Education</b>	<input type="checkbox"/> None <input type="checkbox"/> Primary 6 or below <input type="checkbox"/> Secondary <input type="checkbox"/> University or above <input type="checkbox"/> Others, please specify: _____
<b>Children</b>	Number of children <input type="text"/> Age of Each Child <input type="text"/> Number of children With Disability <input type="text"/> Ranking of Child with Disability <input type="text"/>
<b>Are you willing for parents and staff of this centre to further comprehend your current situation and service needs through telephone or home visits?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Would you consent to let member's voice and photos publish on Association publications or for open use?</b>	<input type="checkbox"/> Agree <input type="checkbox"/> Do not agree
<p>* I <input type="checkbox"/> will / <input type="checkbox"/> will not consent the DS Parent Regional Network representative to contact me for friendly visit or service promotion.</p> <p>* I <input type="checkbox"/> consent / <input type="checkbox"/> do not consent HKDSA to use the above information for liaison in future.</p> <p><b>Important Notice:</b></p> <p>* <input type="checkbox"/> According to the Association's Personal Data Privacy Policy Statement, your personal data will only be used for the purposes of application, communication, and organization of the relevant activity. The Hong Kong Down Syndrome Association may provide your personal data to any other individuals, whether members of the Association or not, and/or any other persons who require the use of your personal data for operational purposes related to participation in the activity or any other lawful purposes.</p> <p>* <input type="checkbox"/> I acknowledge that the Association will conduct photography during the activity and agree that my personal activity photos may be used for the Association's purposes, including but not limited to internal records, promotion, and publication in Association materials.</p>	
Signature _____ Date _____	
<p><b><u>For Office Use:</u></b></p> Date application received: _____ Membership no.: _____ Cheque no.: _____ Receipt no.: _____	