

Choice of Service

- | | | |
|---|--|--|
| <input type="checkbox"/> Early Detection (Brain Health Centre/ Jean Wei Centre) | <input type="checkbox"/> Day Centre | <input type="checkbox"/> In-home Training |
| <input type="checkbox"/> Home Environmental Safety Consultation | <input type="checkbox"/> Memory Training Class | <input type="checkbox"/> Saturday Interest class |

****Please read the Personal Data Privacy Policy of the Hong Kong Alzheimer's Disease Association (HKADA) (<https://www.hkada.org.hk/privacy-policy>) carefully. You have the right to provide or refuse to provide your personal information. However, the lack of information may deter our provision of appropriate services. Feel free to contact us should you have further queries****

Service User Information

Name: _____ (Chin) _____ (Eng) Sex: M / F

Tel: _____ Age: _____ Birth: _____ (Year) _____ (Month)

Address: _____ (District) _____ (Name of Street/Estate) _____ (Name of Building/ Block)

Education level: ☐ No formal education ☐ Primary education ☐ Secondary education ☐ University

Language use: _____ Living condition: ☐ Living alone ☐ Living with family member(s) (Please specify: _____)

Use Community Care Service Voucher (CCSV) for our service: ☐ Yes ☐ No

Use Health Care Voucher (only applicable for Early Detection Service) : ☐ Yes ☐ No

Type(s) of Security Assistance received: ☐ CSSA ☐ Old Age Living Allowance ☐ Others (Please specify: _____)

Wheelchair User: ☐ Yes ☐ No Diagnosed with Dementia: ☐ Yes (Year of diagnosis: _____) ☐ No

Have you ever used any of our service(s) before: ☐ Yes (Please specify: _____) ☐ No

Contact person information

Name: _____ Relation with applicant: _____

Phone: _____ Email: _____

Mailing address: _____

***If the main caregiver is different from the above applicant, please fill in the below information:**

Name of main caregiver: _____ Phone: _____ Relation with applicant: _____

Self-perceived stress level of caring (1-10, 1=No stress; 10=very stressful): _____

How do you get to know HKADA? ☐ Internet ☐ Poster/ leaflet ☐ Physician/ Social Service Agency (Please specify: _____) ☐ Others

Personal Data Collection Statement

I hereby confirm that I have read, understood and agreed on the Personal Data Privacy Policy of the Hong Kong Alzheimer's Disease Association (HKADA) before I provide the above information. In addition, HKADA may use the provided information for the below purposes.
(Please tick the appropriate boxes.)

- ☐ Agree / ☐ Object to permit HKADA to use my personal data in sending HKADA's service and educational information.
- ☐ Agree / ☐ Object to permit HKADA to use my personal data in sending fundraising related information.

Signature : _____ Name : _____ Date : _____

For personal data updating, please contact us at 2338 1120 or email to headoffice@hkada.org.hk.

**Please send the completed form together with the Certification by physician (if any)
to the related Centre by facsimile or by mail.**

Brain Health Centre: G/F, Wang Yip House, Wang Tau Hom Estate, Kln		Tel: 2338 2499	Fax: 2338 0772
Jean Wei Centre: 1/F, Tang Shiu Kin Hospital, 282 Queen's Road East, Wanchai, HK		Tel: 3553 3650	Fax: 3553 3653
Tseung Kwan O Centre: 3/F, Sau Lam House, Tsui Lam Estate, Tseung Kwan O, NT		Tel: 2778 9728	Fax: 2778 9080
Gene Hwa Lee Centre:	Shop 11-20, G/F, Waterside Plaza, 38 Wing Shun Street, Tsuen Wan, NT	Tel: 2439 9095	Fax: 2439 9310
In-home Training/ Home Environmental Safety Consultation:			