



Hong Kong Society for the Protection of Children

EM Membership Application Form

Children and Family Services Centre (Kowloon City)

Membership No. 61- _____

If you cannot provide the required personal data with *remarked items, we will be unable to process your application. Thank you for your cooperation. Please insert a "✓" in the appropriate box.

(A) Family Members	Name		*Date of Birth (YYYY/MM)	*Mobile No	*Occupation (Ref. Code)	*Education Background (Ref. Code)	Email	Insufficient arrivals 7 years please ✓
	<u>Chinese</u>	* <u>English</u>						
1	Father		/					
2	Mother		/					
3	son/ daughter		/					
4	son/ daughter		/					
5	son/ daughter		/					
6	son/ daughter		/					

(I) *Code of Occupation :	①Architecture / Property ⑦Part Time / Temp. Job ⑩Student / Infant	②Catering / Tourism / Hotel ⑧Professionals / Education / Disciplinary Forces ⑫Transportation	③Clerical / Secretary	④Executive & Management	⑤Housewife	⑥Manufacturing / Trading ⑨Sales / Beauty Care / Customer Service ⑬Unemployment	⑪Self-employment ⑭Others
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(II) *Code of Education Background : ㉑University ㉒Matriculated/ Post-secondary ㉓Secondary ㉔Primary ㉕N/A

(III) Marital status of parents : Married Divorced Widower/Widow Others : _____

(B) Basic Contact Information

*Area : Hong Kong Kowloon New Territories

*District : Hung Hom Ho Man Tin Tokwawan Kowloon City Wong Tai Sin Kwun Tong Yau Tsim Mong Tsuen Kwai Tsing Others

*Address : Room _____ / Flat _____ Floor _____ Block _____ Name of Building/ Estate _____
No. & Name of Street/ Road _____ District: _____

*Contact Telephone No. : _____ * Ethnic Origin (for EM members ONLY) : India Pakistan Nepal Others (please specify) : _____

*Languages (for EM members ONLY) Spoken: English/ Hindi/ Urdu/ Cantonese/ Others: _____ Written : English/ Hindi/ Urdu/ Chinese/ Others: _____

*Receive electronic messages: I hereby *(Agree / Not Agree) to receive Centre's Newsletter and service information via electronic media.

WhatsApp Telephone No. for receiving Centre messages: _____

 Please present the Birth Certificate of the children for new application.
Postal application is accepted but please enclose
(1) the completed membership application form and
(2) the copy of the above-mentioned certificates.

Signature of Applicant: _____ Date: _____

Official Use ONLY	Signature of staff : _____ Date received : _____	Is member using HKSPC services?
	Receipt No. : _____ CSSA No. (if applicable) _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, Unit Name : _____

<< Companionship Scheme >>

Eligible persons can enjoy privileges including :

1. Enjoy concessionary fee in particular programs/services,
2. Be invited to join particular programs.

* **Our family would like to apply for the “Companionship Scheme” and fulfill the condition as below** (Please to choose one):

CSSA recipient family (Please submit a copy of the valid Medical Wavers Certificate or Application Approval Notification Letter issued by Social Welfare Department).

Low income family (Please submit a copy of any one of the following document proof):

- a) Full grant of **School Textbook Assistance Scheme** for Primary/ Secondary students; Or
- b) Full remission/ Three Quarters remission of **Kindergarten and Child Care Centre Fee Remission Scheme**; Or
- c) **Working Family Allowance (WFA) Scheme** with Full-rate allowances for 2-person family; Or Full-rate/ Three Quarters/ Half-rate allowances for families with 3 or more members (issued within the last 3 months); Or
- d) Bank account statement which shows the balance of recent **6 months income proof** for the whole family.

➤ *An affidavit issued by Home Affairs Department must be submitted to our Centre for consideration if members are lack of salary proof issued by employer.*

Remarks: All the above said application would be verified and approved by Social Worker/ Assistant Administration Officer by our Centre.

Notification of approval result will be given in 3 working days.

Name of approving staff : _____ Signature of approving staff : _____ Date : _____

<< Personal Data (Privacy) Statement and Agreement >>

1. I acknowledge and agree that the personal data relating to my family and me are only provided for the purpose of membership application. The data are only used for record, retention, reference as well as daily operation of “**Children and Family Services Centre**”- the Centre.
2. In accordance with the terms of the Personal Data (Privacy) Ordinance, I have the right to review, correct or obtain copies of my personal data*.
3. I understand that if I do not want the Centre to use my personal data for the above mentioned purposes, I can fill in the following item:
 I do not agree the Society and its service units to use my personal data for the above mentioned purposes (please put a “*” in the to indicate your objection)
4. I understand that providing incomplete information may affect the Society / the Centre to provide services to me.
5. I and my family members are willing to comply with the rules and regulations established by the Centre.
6. I acknowledge that I am responsible for taking care of my children in the Centre’s programs or events.
7. I understand that for the purpose of record, service enhancement and service promotion, the Society may occasionally take photos and videos of the programs held by the Centre. These photos and videos may probably be used in the Society’s or collaborative organizations’ websites or any other kinds of promotional materials for service promotion. If participants do not want to be shot, please inform the Society with written request and notify the responsible staff in person on the day of the program.
8. To ensure children’s safety and the effectiveness of programs, the Centre would only accept enrollment of those children who meet the designated age requirement in the month that the groups/ programs are being carried out.
✧ Remarks: If you want to review, correct or obtain copies of my personal data, please send a written request to the Centre concerned in person or by mail.