

Choice of Service

- Early Detection (Brain Health Centre/ Jean Wei Centre)*
 Day Centre
 In-home Training
 Home Environmental Safety Consultation
 Memory Training Class
 Saturday Interest class

Please read the Personal Data Privacy Policy of the Hong Kong Alzheimer's Disease Association (HKADA) carefully (<https://www.hkada.org.hk/privacy-policy>). 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
 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.

- * **Application for Early Detection Service, please send the completed form to Headoffice by facsimile or by mail; for other applications, please send the completed form together with the Certification by physician (if any) to the related Centre by facsimile or by mail.**

Headoffice:	G/F, Wang Yip House, Wang Tau Hom Estate, Kln	Tel: 2338 2499	Fax: 2338 0772
Brain Health Centre:		Tel: 2338 1120	
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:			