



HKSKH TUNG CHUNG INTEGRATED SERVICES

Membership Application

Application note :

Please show your identification document (HKID/Birth Certificate).

If you are receiving Comprehensive Social Security Assistance (CSSA), School Textbook Assistance Scheme (Full Grant) or Working Family Allowance Scheme (Full rate) and would like to apply for freeing the membership fee, please show your supporting documents.

If you would like to withdraw the membership, the membership fee will not be refunded.

Fees at date of acceptance will be applied and valid for one year.

I. Personal Particulars- Please complete this form in BLOCK LETTERS

Please fill in the items with asterisks (*). The Centre may not be able to provide the services requested if personal data provided is insufficient.

	Individual (First)		Family Members (If necessary)		
*Full Name in English :					
*Address :	*District _____ Estate/ Street _____ Building/Flat _____				
*Relationship with applicant	Applicant				
*Date of Birth (MM/YYYY) :	/	/	/	/	/
*Contact phone no. :	Mobile : _____ Home : _____	Mobile : _____ Home : _____	Mobile : _____ Home : _____	Mobile : _____ Home : _____	Mobile : _____ Home : _____
Gender :	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Email address :					
Educational level :					
Occupation :					
* Emergency contact person :	Name in English: _____ Contact No.: _____ Relationship: _____ Address : <input type="checkbox"/> Living with applicant / _____				

For Internal Use Only

HKID/Birth Certificate checked Eligible for waiving membership fee : Y N

Remark	<input type="checkbox"/> New/ <input type="checkbox"/> Renewal/ <input type="checkbox"/> Others _____				
Member no.	TC		TC	TC	TC
Card No.					
Age Group	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-24 <input type="checkbox"/> 25-59 <input type="checkbox"/> 60 or above		<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-24 <input type="checkbox"/> 25-59 <input type="checkbox"/> 60 or above	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-24 <input type="checkbox"/> 25-59 <input type="checkbox"/> 60 or above	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-24 <input type="checkbox"/> 25-59 <input type="checkbox"/> 60 or above

Hong Kong Sheng Kung Hui Welfare Council Limited

II. Letter of Consent to Use of Personal Data

1. Tung Chung Integrated Services (“the Centre”) of Hong Kong Sheng Kung Hui Welfare Council Limited (“the Council”) will collect my personal data for processing my application for services. The Council may, where applicable, transfer and/or disclose my personal data including but not limited to name, telephone number, fax number, email address and mailing address on a need-to-know basis to the staff and volunteers, other units and/or centres of the Council, and Government departments or organisations with authorization or statutory power to obtain such information, and external parties who are appointed by the Council including but not limited to insurance companies, doctors, legal advisors and /or other service providers. The personal data will be treated as strictly confidential in accordance with the Personal Data (Privacy) Ordinance, and will not be sold, rented or transferred in any form through any means to any other persons or entities.
2. I understand that the personal data is provided on a voluntary basis. Failure to supply sufficient personal data may result in the Centre (or the Council) being unable to process my application or to provide the services requested. I shall be responsible for the delay in processing of my application or provision of service, if any, arising from my failure to supply any of the personal data required.
3. I understand that I have to ensure the accuracy of all the personal data I supplied. I shall notify the Centre of any change of the personal data as soon as possible. I understand and agree that I shall be responsible for delay of service due to any inaccurate or incomplete personal data.
4. I understand that if any personal data of my family, children, relatives or friends are provided, I shall obtain their prior consents before providing such data.
5. I understand that the personal data will not be kept longer than necessary by the Council for the fulfillment of the purpose for which the data are to be kept. Where records of personal data are no longer required, they will be erased by the Council according to their respective handling policy.
6. Save and except the circumstances specified under the Personal Data (Privacy) Ordinance, I understand that I have the right to apply for access and/or correction of the personal data held by the Centre and the initial handling fee for such application and photocopy fee are \$70 and \$2/sheet respectively. For enquires or application, I may contact the person in charge of the Centre as follows:

Address: 2/F, Fu Tung Plaza, Tung Chung, Lantau Island Telephone: 2525 1929

7. I understand that the Council may utilize my personal data for communicating with me, delivering news and information, and for the purposes of service promotion, fundraising, volunteer recruitment, conducting surveys and other activities associated with the Council.

Should you find Clause 7 not acceptable, please indicate your objection before signing by ticking the box below.

I object Hong Kong Sheng Kung Hui Welfare Council Limited to use to my personal data for the purposes stated in Clause 7.

8. I can request the Council to cease to use my personal data for the above purpose by writing to the Centre or Hong Kong Sheng Kung Hui Welfare Council Limited (address: 12/F, 112 Kennedy Road, Wan Chai, Hong Kong).

III. Signature

- a. I have read and agreed with the above consent, and have received the membership card.
- b. *Preference for receiving our centre information:
 Mailing E-copy of Newsletter (Email / WhatsApp) Not willing to receive
- c. Centre may send you the information via Whatsapp, if you are not willing to receive (Please ✓) .

Signature of Applicant/Parent/Guardian: _____ Date : _____

Signature of Officer : _____ Date : _____