



香港游泳教師總會
HONG KONG SWIMMING TEACHERS' ASSOCIATION
香港特殊需要人士普及游泳課程
Needy Families Assistance Program
Application Form



報名編號
(Official Use)

<<This form must be filled in by the applicant (Parent/ Guardian) and principal/ teacher (the referral staff)/ social worker>>

Case Information — (Applicant must be aged 18 years or above)

Name of Appl (中文):		(Eng):	
Relationship with Student:		E-mail:	
HKID No:		SEX:	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth:	D/ M/ Y	年齡:	
Tel (Res):		(Mobil):	
Occupation:		Education Level:	Primary/ Secondary/ Tertiary
Monthly Income:		Marital Status:	M/ S/ D
Family Size:	(Include App)	Resident:	<input type="checkbox"/> self-own <input type="checkbox"/> rented
Address:			

Reason for application (must be filled by principal/teacher (referral staff)/social worker): _____

Name of Referral Organization

Name of Organization:			
Name of referral staff/ social worker		Title:	
Tel/ Mobile:		Fax/E-mail:	
Address:			

Remarks

- (1) I declare, all these information are true and correct, if unreported or false reporting, the relevant application shall be terminated, I will refund payment, material or compensate the loss. If any information is changed, I will as soon as possible, inform staff of the community support centre.
- (2) Personal information (the data) provided by applicants to the School for the assessment of the application is voluntary, the data may also be used by the statutory regulator for checking, to assess the use of sponsorship as appropriate. In general, the applicant has the right of access and to correct the personal data in the future.
- (3) Our staff will, depending on circumstances, contact the referral staff/ social worker and the applicant, Where necessary, interviews with the applicant or home visits may be requested. Eligible persons would be required to disclose of assets and income, for assessment of the need and urgency of services.
- (4) The personal information provided by the applicant may be disclosed by the Hong Kong Swimming Teachers' Association (HKSTA) to its staff, service-related volunteer and other units under the HKSTA
- (5) The applicant undertakes not to hold the HKSTA or units under HKSTA liable for any accidents, danger or injury arising for provision of the swimming lessons.
- (6) The HKSTA has the final decision and approval on all applications.

*** I have read the above, hereby declare and agree the information provided is complete, true and accurate.**

Signature of Applicant:	Signature of referral staff/social worker:	Chop of referral Org:
Name: (正楷)	Name: (正楷)	
Date:	Date:	

由本會職員填寫

For use by Hong Kong Swimming Teachers Association

審批者姓名:	審批者簽署:	日期:
備註:		