



**Application Form for User Eligibility for
Hong Kong Test of Preschool Oral Language (Cantonese) (TOPOL)**
(for users practicing outside Hong Kong)

Notes for Registered Users

The Hong Kong Test of Preschool Oral Language (Cantonese) (TOPOL) is designed for use by qualified speech therapists with relevant training on the use of speech and language assessment tools, and in the understanding of child development and its deviations and disorders. The TOPOL is sold at HK\$5,440 per set. Only those with required qualifications are eligible to be registered users and to purchase and use TOPOL.

Eligibility

Eligible users of TOPOL are:

- (I) Speech therapists graduated from local universities* **or** speech therapists graduated from overseas universities*; and
- (II) Registrant of the Hong Kong Institute of Speech Therapists or Full Member/ Oversea Member of the Hong Kong Association of Speech Therapists; and
- (III) Fluent Cantonese speakers, able to read and write in Chinese, and have general linguistic knowledge of Cantonese.

* *Holder of a bachelor's degree or a master's degree in Speech Therapy*

Application Procedures

Applicants should submit the duly completed registration form, together with relevant supporting documents including credentials and certificates, to Executive Officer (Child Assessment Service) at:

**Central Kowloon Child Assessment Centre,
2/F, 147L Argyle Street, Kowloon City, Kowloon**

Statement of Purposes

Purpose of Collection

The personal data provided is used for vetting of applicant's eligibility to use TOPOL and other related purposes. Your provision of all the personal data requested in this form is voluntary. If you do not provide sufficient information, we may not be able to process/consider your application.

Classes of Transferees

The personal data you provided is mainly for use within Department of Health but they may also be disclosed to other Government bureaux/departments, relevant parties, persons or organisations for the above purposes. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance. Personal data on an unsuccessful applicant will normally be destroyed 24 months after rejection of the application.

Access to Personal Data

You have the right of access and correction with respect to your personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data. A fee may be imposed for complying with a data access request.

Enquiries

Enquiries concerning personal data provided, including the making of access and corrections, should be addressed to:

Consultant Paediatrician
Child Assessment Service
2/F, 147L Argyle Street
Kowloon City, Kowloon
Telephone No.: 2246 6659

(I) Personal Particulars of Registered User:

Name : _____ 姓名 : _____ Sex : M / F

HKID (with first four digits) : _____ XXX(X)

Institution granting Speech Therapist status : _____

Registration no. of the HK Institute of Speech Therapists/
Membership no. of The HK Association of Speech Therapists : _____

Practicing Country:
(pls enclose the practicing certificate issued by the country of practice) _____

Current work organisation : _____

Current position/job title : _____

Office address : _____

Correspondence address
(if different from above) : _____

Contact phone number : _____ E-mail address : _____

TOPOL registered user no. : (for official use) _____

Serial no. of the TOPOL received (if applicable) : (for official use) _____

- I am a fluent Cantonese speaker, able to read and write in Chinese, and have general linguistic knowledge of Cantonese.
- I attach credentials as a qualified speech therapist for vetting.
- (Note: Please tick as appropriate.)

(II) Declaration and agreement by Registered User:

1. I confirm the above information is true and complete.
2. I agree to observe the terms and conditions of the copyright ordinance.
3. I will not disclose the content of the TOPOL assessment tool to any other persons.
4. I will ensure that the TOPOL test materials will not be made available for use by unregistered users.
5. I accept that the right of registration is not transferable. Upon departure from my organisation, I will inform the organisation to make the necessary arrangements to monitor the proper use of the TOPOL test materials and to safeguard the confidentiality of the test materials.
6. I agree that the Department of Health reserves the right to determine the required professional qualifications for TOPOL users.
7. I agree to have my name included in the list of registered TOPOL users, which will be maintained by the Department of Health, HKSARG for the reference of the public.
8. I consent to the Department of Health, HKSARG making any necessary enquiries for purposes related to the verification of information given above. I authorise government departments and other organisations or agencies to release information as may be required for these enquiries.

Signature of Registered User : _____

Name of Registered User (in block letters) : _____

Date : _____