

**The Hong Kong Cantonese Oral Language Assessment Scale**  
**香港兒童口語 ( 粵語 ) 能力量表**  
**Registration form for Eligible User of**  
**Hong Kong Cantonese Oral Language Assessment Scale (HKCOLAS)**  
(for local graduates/users practicing in Hong Kong)

### **Notes for Registered Users**

The Hong Kong Cantonese Oral Language Assessment Scale (HKCOLAS) 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 HKCOLAS is sold at HK\$935 per set. Only those with required qualifications are eligible to be registered users and to purchase and use HKCOLAS.

### **Eligibility**

Eligible users of HKCOLAS 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 HKCOLAS 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

**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 : \_\_\_\_\_  
Current work organisation : \_\_\_\_\_  
Current position/job title : \_\_\_\_\_  
Office address : \_\_\_\_\_  
Correspondence address  
(if different from above) : \_\_\_\_\_  
Contact phone number : \_\_\_\_\_ E-mail address : \_\_\_\_\_  
HKCOLAS registered user no. : (for official use) \_\_\_\_\_  
Serial no. of the HKCOLAS received (if applicable) : (for official use) \_\_\_\_\_

I attach credentials as a qualified speech therapist for vetting.  
(Note:  Please tick as appropriate.)

**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 HKCOLAS assessment tool to any other persons.
4. I will ensure that the HKCOLAS 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 HKCOLAS 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 HKCOLAS users.
7. I agree to have my name included in the list of registered HKCOLAS 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 : \_\_\_\_\_