



## The Hong Kong Scales for Assessment of Theory of Mind (HKAToM)

### 香港心智解讀測試

#### Application Form for User Eligibility for

#### The Hong Kong Scales for Assessment of Theory of Mind (HKAToM)

##### Notes for Registered Users

The Hong Kong Scales for Assessment of Theory of Mind (HKAToM) is a locally developed and standardized instrument for assessing and understanding the Theory of Mind (ToM) abilities of Hong Kong's Cantonese speaking children between the ages of 5 years and 12 years 1 month. The HKAToM is sold at HK\$3,930 per set. Only those with required qualifications are eligible to be registered users, and to purchase and use HKAToM.

##### Eligibility

HKAToM users need to be well-trained in the understanding of child development and its deviations and disorders, as well as experienced in working with and testing children. The HKAToM is intended for use by professionals who speak fluent Cantonese and work in the field of child development and assessment. Eligible users include the followings:-

##### (I) Medical Doctors

Registrants of the Hong Kong College of Paediatricians / Psychiatrists or Specialist Register under the Medical Council of Hong Kong :

- Specialists in Developmental-Behavioural Paediatrics (DBP) ; or
- Specialists in Paediatric Neurology (PN) ; or
- Specialists in Psychiatry

##### (II) Psychologists

- Registrants of the Hong Kong Institute of Clinical Psychologists (HKICP) or the Hong Kong Association of Educational Psychologists (HKAEP) under the of the Accredited Registers Scheme for Healthcare Professions of the Department of Health, HKSAR Government ; or
- Clinical or Educational Psychologists who are members or eligible for membership of the Division of Clinical Psychology (DCP) or the Division of Educational Psychology (DEP) of the Hong Kong Psychological Society (HKPS)

##### (III) Speech Therapists

- Registrants of the Hong Kong Institute of Speech Therapists (HKIST) under the of the Accredited Registers Scheme for Healthcare Professions of the Department of Health, HKSAR Government ; or
- Full Members/ Overseas Members of the Hong Kong Association of Speech Therapists (HKAST)

## **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 the HKAToM 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 the 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)

Current work organisation : \_\_\_\_\_

Current position/job title : \_\_\_\_\_

Office address : \_\_\_\_\_

Correspondence address  
(if different from above) : \_\_\_\_\_

Contact phone number : \_\_\_\_\_ E-mail address : \_\_\_\_\_

HKAToM registered user no. : (for official use) \_\_\_\_\_

Serial no. of the HKAToM received (if applicable) : (for official use) \_\_\_\_\_

**(II) Profession:**

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Doctor   | <input type="checkbox"/> Clinical Psychologist    |
| <input type="checkbox"/> Specialist in Developmental-Behavioural<br>Paediatrics (DBP) | <input type="checkbox"/> Educational Psychologist |
| <input type="checkbox"/> Specialist in Paediatric Neurology (PN)                      | <input type="checkbox"/> Speech Therapist         |
| <input type="checkbox"/> Specialist in Psychiatry                                     |   |

**(III) Academic/Professional Qualifications:**

Qualification	Institution	Date of Issue
_____	_____	_____
_____	_____	_____

**(IV) Membership of Professional Societies/Associations:**

Membership	Professional Association/Society	Membership number (if available)
_____	_____	_____
_____	_____	_____

☐ \*\*\* I attach credentials as a qualified user for vetting\*\*\*.

(Note: ☐ Please tick as appropriate.)

**(V) Declaration and agreement by Registered User:**

I hereby declare that :

1. the particulars given in Parts I to IV are true and correct;
2. the terms and conditions of the Copyright Ordinance will be strictly observed;
3. all the contents of the HKAToM will be kept confidential and will not be disclosed to any third party;
4. the HKAToM test materials will not be made available for use by unregistered users;
5. if my user eligibility application is approved, I agree to display my name, work title and discipline at the website of the Child Assessment Service of the Department of Health for reference to the public;
6. I understand that the Child Assessment Service of the Department of Health reserves the right to determine the professional qualifications required for HKAToM users;
7. I understand that the Intellectual Property Management Team of the Child Assessment Service of the Department of Health (the "Team") has the authority to review the registration status, which could be subject to suspension or revocation of registered user on a need basis. The team reserves the right to grant, suspend, revoke or reject registration at its sole and absolute discretion;
8. I agree to give consent to the Department of Health to make any enquiry for purposes in relation to the verification of the information provided. I hereby authorise government departments and other organisations/agencies to release information as and when required for these enquiries; and
9. I agree that any breach of this declaration may be referred to relevant professional institutions, organisations or bodies for investigation, inquiry or disciplinary action and the Department of Health reserves the right to take any legal action for such breach.

Signature of Registered User : \_\_\_\_\_

Name of Registered User (in block letters) : \_\_\_\_\_

Date : \_\_\_\_\_