

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

(I) <u>Personal Particulars of Registered User:</u>

Name :	姓	名:	Sex : M / F
HKID (with first four digits)	:XXX(>	<)	_
Institution granting Speech Therap	ist status : _		
Registration no. of the HK Institute Membership no. of The HK Associa	•		
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	l (if applicable) :	(for official use)	
 the HKCOLAS test materials will not if my user eligibility application is application is application. Child Assessment Service of the Depleton of the Depleton of the Child Assessment Service of the Depleton of the Depleton of the Child Assessment Service of the Depleton of th	oyright Ordinance will be I be kept confidential and be made available for use oproved, I agree to display partment of Health for renent Service of the Department of HKCOLAS users; roperty Management Teatity to review the registrated basis. The team reserved.	d will not be disclosed to any third party; se by unregistered users; ay my name, work title and discipline at t	he website of the termine the Department of spension or
the information provided. I hereby information as and when required f 9. I agree that any breach of this declar	authorise government d for these enquiries; and aration may be referred t	e any enquiry for purposes in relation to the lepartments and other organisations/ age to relevant professional institutions, organ rtment of Health reserves the right to tal	encies to release nisations or bodies
Signature of Registered User	:		
Name of Registered User (in b	lock letters) :		
Date	:		