



香港學前兒童口語（粵語）能力測試

Hong Kong Test of Preschool Oral Language (Cantonese)

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#### Application Form for User Eligibility for

#### Hong Kong Test of Preschool Oral Language (Cantonese) (TOPOL)

(for local graduates/users practicing in 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 : \_\_\_\_\_

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 attach credentials as a qualified speech therapist for vetting.

(Note: ☐ Please tick as appropriate.)

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

I hereby declare that :

1. the particulars given in Part I are true and correct;
2. the terms and conditions of the Copyright Ordinance will be strictly observed;
3. all the contents of the TOPOL will be kept confidential and will not be disclosed to any third party;
4. the TOPOL 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 TOPOL 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 : \_\_\_\_\_