

## Hong Kong Hospital Communication Toolkit for Children & Adolescents

*Augmentative and Alternative Communication (AAC) for Supporting Children & Adolescents with Complex Communication Needs (CCN)*

### Application Form

Applicants should submit the duly completed information below and email to Executive Officer at [eo2\\_cas@dh.gov.hk](mailto:eo2_cas@dh.gov.hk).

Name of applicant:	
Profession:	
Professional Organization:	
Professional Membership Number:	
Organization of Employment:	
Email address:	
Telephone:	
Date of application:	

I hereby declare that :

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

## Statement of Purposes

### Purpose of Collection

The personal data provided is used for vetting of applicant's eligibility to gain access to the toolkit materials provided in digital format 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:

Child Assessment Service

2/F, 147L Argyle Street Kowloon City, Kowloon.

Telephone No.: 2246 6659

### For official use only:

Endorsed by:	
Name:	
Title	
Date	

