

請填妥申請表格並以傳真、郵寄、電郵或親身交至本中心。

地址：九龍深水埗懷惠道 12 號喜雅地下 1 號舖。

電話：2728 8830 傳真：2728 8831 電郵：admin@benjiscentre.org.hk

Please complete the form and return by fax, e-mail, post or in person to our centre.

Address: Shop 1, G/F, Heya Green, 12 Wai Wai Road, Sham Shui Po, Kln.

Tel.: 2728 8830 Fax: 2728 8831 E-mail: admin@benjiscentre.org.hk

服務申請表格
Application Form

兒童近照

甲部：兒童資料
Part A: Child's Particulars

1. 個人資料 Personal Information

英文姓名 中文姓名 性別 男/女*
Name in English: _____ Name in Chinese: _____ Sex: M / F*

出生日期 (日/月/年) 年齡 身份証/出生證明書
Date of Birth: ____ / ____ / ____ (dd/mm/yy) Age: _____ I.D./B.C. No.: _____

母語 主要照顧者
Mother Tongue: _____ Primary Care Taker: _____

住址
Address: _____

就讀幼稚園/學校 班別
Name of Kindergarten / School: _____ Grade: _____

2. 兒童是否 *曾接受/正接受/正輪候 以下之服務? 請在合適欄內‘✓’

Any service(s) *currently receive /received before/ on waiting? Please ‘✓’ in the appropriate column.

服務類別 Type of Services	曾接受 Received	正接受 Receiving	輪候中 Waiting	服務之機構名稱 Name of Organisation	接受服務時間 (月/年) Service Period (mm/yy)
早期教育訓練中心 EETC					
幼兒中心混合位 ICCC					
到校學前康復服務 OPRS					
特殊幼兒中心 SCCC					
言語能力評估 / 治療 Speech and Language Assessment / Therapy					
物理治療 Physiotherapy					
職業治療 Occupational Therapy					
專科門診 Specialist Outpatient Service(s)					
	請註明 Please specify:				
其他服務 Other Service(s)					
	請註明 Please specify:				

* Please delete the inappropriate 將不適用者刪除

3. 請簡述兒童的主要問題及其已知的診斷(如適用)

Please describe briefly the problems of your child (with diagnosis if any)

乙部：家庭資料

Part B: Family's Particulars

1. *家長/ 法定監護人個人資料 *Parent's / Legal Guardian's Personal Information

英文姓名 _____ 中文姓名 _____ 年齡 _____
 Name in English: _____ Name in Chinese: _____ Age: _____

與兒童關係 _____ 職業 _____ 電郵地址 _____
 Relationship: _____ Occupation: _____ E-mail Address: _____

聯絡電話 (手機) _____ (住宅) _____ (辦公室) _____
 Contact Tel. No.: (Mobile) _____ (Home) _____ (Office) _____

2. *緊急聯絡人個人資料 *Emergent Contact Person Information

英文姓名 _____ 中文姓名 _____ 年齡 _____
 Name in English: _____ Name in Chinese: _____ Age: _____

與兒童關係 _____ 職業 _____ 電郵地址 _____
 Relationship: _____ Occupation: _____ E-mail Address: _____

聯絡電話 (手機) _____ (住宅) _____ (辦公室) _____
 Contact Tel. No.: (Mobile) _____ (Home) _____ (Office) _____

* Delete the inapplicable 將不適用者刪除

3. 同住的家庭成員資料 Family members residing with your child

姓名 Name	年齡 / 性別 Age / Sex	與學童關係 Relationship	職業 / 就讀年級 Occupation / School Grade	教育程度 Level of Education	所操語言 Language
	/				
	/				
	/				
	/				
	/				

4. 家庭平均每月收入 Average family income per month# _____

5. 資產申報 Assets declaration

現金 Cash	股票/ 基金 Equities/ Funds	房產 Real Estates	汽車 Vehicles	資產總值(香港及境外) Total Assets (Hong Kong and Overseas)

#本中心致力為低收入家庭提供服務，請家長提交家庭收入證明，以便中心確認閣下的申請符合資格。

Our centre strives to provide speech therapy to children from low income families. Please submit your family income proof for our consideration upon acceptance of your application.

(Rev. 04/2022)

丙部：服務選擇
Part C: Service Selection

- 請選擇服務 Please select service
 言語評估 Speech and Language Assessment Only
 言語評估及治療 Speech and Language Assessment and Therapy
- 請選擇時間並以 1,2,3...排列選擇意願 Please select your time and rank priorities in 1,2, 3.....

	上午 Morning 9:00 – 1:00	下午 Afternoon 2:00 – 6:00	如需指定時間，請註明 Please specify your time if necessary
平日 Weekday			
星期六 Saturday			

- 請選擇治療地點 Please choose the centre location
 深水埗中心 Sham Shui Po Centre 沙田中心 Shatin Centre
 兩間中心均可 Both Available

丁部：
Part D:

I. 從何途徑得知本中心服務：

How do you know our service:

- | | |
|---|--|
| <input type="checkbox"/> 親友 Relatives or Friends | <input type="checkbox"/> 兒童體能智力測驗中心 Child Assessment Centre |
| <input type="checkbox"/> 幼稚園／學校 Kindergarten / School | <input type="checkbox"/> 社工 Social Worker |
| <input type="checkbox"/> 報章／雜誌 Newspaper / Magazine | <input type="checkbox"/> 電視 Television |
| <input type="checkbox"/> 互聯網 Internet | <input type="checkbox"/> 其他 Others (請註明 Please specify: _____) |

II. 是否願意以電郵收取中心所舉辦的活動或講座資料？

Do you want to receive information of our parent talk or parent program by E-mail?

願意 Yes, I do 不願意 No, I Don't

備註 Remarks :

- 申請表必須連同以下有關證明文件之副本一併遞交：

Please attach copies of the following documents with your application

- 兒童出生證明書或身份証 Birth of Certificate or Identity Card of your Child
- 最近三個月之家庭收入證明(如:糧單、戶口入賬記錄、稅單或公司簽發證明書等。) 如沒法提供任何收入證明的人士，請向中心索取收入證明書及收入聲明書填寫。
Family Income Proof (e.g. salary statement, bank statement, taxation document or other income proofs)
For those who cannot produce income proof, please fill in Income Certificate or Self-Declared Income Statement provided by our centre.
- 言語評估/言語治療進度/其他相關報告(如有)
Speech and Language Assessment / Treatment Progress / Other Relevant Report(s) (if any)
- 減免收費申請表(附件一) Fee Remission Application (Appendix I)

- 申請人所提供的資料絕對保密，並只限於申請服務時使用。

All information provided will be treated strictly confidential and would only be used for application of services.

個人資料聲明 Note on Personal Data Privacy

- 本人願意將以上有關資料給予庭恩兒童中心存檔並供負責有關個案的職員查閱。 I give consent to Benji's Centre to retain above data on file and to make available such information to relevant personnel.
 - 本人謹此聲明，以上填報之資料正確屬實。如家庭收入狀況改變，本人將主動呈報。 *
I declare that all information provided above is true and complete. I will also declare any future salary adjustment.
- * 如發現家長蓄意隱瞞/漏報，中心將保留法律追究之權利。
I understand that by making false declaration, I may be liable for prosecution.

申請人姓名： _____ 簽署： _____ 日期： _____
Name of Applicant: _____ Signature: _____ Date: _____

戊部：轉介人資料 (如屬轉介)

Part E: Referrer's Information (for referral cases)

轉介人姓名
Name of Referrer : _____ 職位
Title : _____
機構名稱
Name of Organisation : _____
機構地址
Address of Organisation: _____
電郵地址
E-mail Address: _____ 電話號碼
Tel. No. : _____
簽署
Signature : _____ 日期
Date : _____

由中心填寫
For Centre Use Only

Ref. No. _____

Application Received Date: _____ Accepted / Not Accepted / Waitlisted
Date of First Assessment: _____ Date of First Therapy Session: _____
Date of Discharge: _____
Reason of Discharge: Receive EETC / ICC / SCCC / speech therapy service at Government clinic
 Receive speech therapy from other private settings
 Self-withdraw Others (please specify): _____
Remarks: _____

減免收費申請表 (附表一) Fee Remission Application (Appendix I)
家庭收入及開支資料 Family Income & Expenditure

兒童姓名 Name of Child: _____

甲. 家庭背景資料 Family Background

1. 目前居住單位屬於以下哪種類別 (請於適當 加 '✓' 號)
Type of residence are you living in (Please ✓ in the appropriate box)
- 公共屋邨 Public Housing Estate 居屋 Home Ownership Scheme
- 私人樓宇租住 Private (Rental) 私人物業 Private (Ownership)
- 其他 (請註明: _____)
Others (Please specify: _____)

2. 家庭收入來源 (請於 加 '✓' 號, 並填寫相關資料)
Source of Family Income (Please ✓ in the appropriate box(es) and complete details)

收入項目 Items of Income				平均每月收入(\$) Monthly income on average
1a. <input type="checkbox"/> 綜援收入或/及 Comprehensive Social Security Assistance or/and				(A)
1b. <input type="checkbox"/> 工作收入 Salary				
姓名 Name	關係 Relationship	是否同住 Reside with child	職業 Occupation	
				(B1)
				(B2)
				(B3)
				(B4)
合計 Total : (B1) + (B2) + (B3) + (B4) =				(B)
2. <input type="checkbox"/> 傷殘津貼 Disability Allowance				(C)
3. <input type="checkbox"/> 其他政府津貼 Other allowance from Government (請註明 Please specify : _____)				(D)
4. <input type="checkbox"/> 其他收入或津貼 Other income or allowance 請註明收入來源 Please specify the source: _____ _____				(E)
每月家庭總收入 Total monthly family income : (A) + (B) + (C) + (D) + (E) =				

備註 Remarks:

請遞交以下相關文件副本 Please attach copies of relevant documents:

- 綜援收入證明 Proof of Comprehensive Social Security Assistance
- 傷殘津貼證明 Proof of Disability Allowance
- 家庭收入證明 (如：糧單、戶口入賬記錄、稅單或公司簽發證明書等。)
如沒法提供任何收入證明的人士，請向中心索取收入證明書或收入聲明填寫。
Family Income Proof (e.g. salary statement, bank statement, taxation document or other income proofs)
For those who cannot produce income proof, please fill in Income Certificate or Self-Declared Income Statement provided by our centre.

3. 如申請審批後未能獲得全費減免，本人能繳付每課堂_____港元。
I can afford to pay HK\$_____ per session if full fee remission is not granted.

乙. 家庭開支 Family Expenditure

	平均每月支出 Monthly expenses on average
(一) 學童開支 Expenses of the applicant (the child) :	
學費 (扣除學券或學費減免後的實際支出) School Fee (Actual amount after deducting fee subsidy/remission)	
書簿費及學校雜費@ Textbook and Miscellaneous@	
交通費 Transportation	
其他必要開支(請註明) Other Essential Expenses (please specify) :	
1.	
2.	
3.	
合計 Sub-Total (a) :	\$
(二) 一般開支 General Expenses :	
租金 / 樓宇按揭供款 Rent / Mortgage	
管理費 Management Fee	
差餉及地租 Rates & Government Rent	
電費*^ Electricity*^ ([冬季 Winter(\$_____) + 夏季 summer(\$_____)] / 2)	
電話費 Telephone (包括家居電話及流動電話 include home & mobile phone)	
水費 Water^	
煤氣 / 石油氣費^ Town Gas / LP Gas^	
醫療費 Medical Expenses #	
交通費 Transportation	
膳食費 Meals	
供養父母 (如有) Support to Parent (if any)	
其他必要開支 (請註明) Other Essential Expenses (please specify) :	
1.	
2.	
3.	
合計 Sub-Total (b) :	\$
(三) 其他兄弟姊妹開支 Expenses of other siblings :	
學費 (扣除學券或學費減免後的實際支出) School Fee (Actual amount after deducting fee subsidy/remission)	
書簿費及學校雜費@ Textbook and Miscellaneous@	
交通費 Transportation	
其他必要開支 (請註明) Other Essential Expenses (please specify) :	
1.	
2.	
3.	
合計 Sub-Total (c) :	\$
每月家庭總開支 Total Monthly Family Expenses (a+b+c) :	\$

備註 Remarks :

- (*) 電費開支計算方法為冬季最低繳付費用加夏季最高繳付費用後除以二。
The calculation of expense on electricity is the bill in the lowest charge in winter season plus the bill in the highest charge in summer season and then divides by two.
- (^) 電費、水費、煤氣或石油氣費部份可能以季度或兩個月計算，請填表人自行除開以每月計算。
Please fill in the monthly amount on average for the electricity, water, Town Gas or LP Gas charges.
- (#) 家中如有成員是長期病患者，須定期接受診治或治療；或過去六個月平均醫療費用開支。
If your family member(s) who is/are patient(s) with chronic diseases and need to receive regular treatments; or monthly medical expenses on average in the past 6 months.
- (@) 部份幼稚園收取書簿費及其他雜費時，會以學期收取，請填表人自行除開以每月計算。
Please fill in the monthly amount on average for the textbook and miscellaneous
 - 如表格不敷應用，請另備紙張填寫。
Please use additional papers if needed.
 - 申請人所提供的資料絕對保密，並只限於申請服務時使用。
All information provided will be treated strictly confidential and would only be used for application of services.

個人資料聲明 Note on Personal Data Privacy

- (1) 本人願意將以上有關資料給予庭恩兒童中心有限公司存檔並供負責有關個案的職員查閱。
I give consent to Benji's Centre Ltd. to retain above data on file and to make available such information to relevant personnel.
- (2) 本人謹此聲明，以上填報之資料均正確屬實。
I declare that all above information provided is true and complete.

申請人姓名 _____ 簽署 _____ 日期 _____
Name of Applicant: _____ Signature: _____ Date: _____

由中心填寫
For Centre Use Only

Application Received Date: _____ Our Ref. No.: _____

Result: Accepted for Full Fee Remission
 Accepted for Partial Fee Remission (\$ _____ each session)
 Rejected for Fee Remission

Remarks _____

Approval Date: _____ Staff's signature: _____