

H.K.S.K.H. St Simon's Tai Hing Nursery School
Application for Occasional Child Care Service

(A) Child Particulars

Name of Child	English :		Chinese :		
Place of Birth		Date of Birth		Age	
Birth Certificate No.				Sex	M / F
Correspondence Address (Eng)					
(Chi)					

Special Needs for the child (e.g. Health Condition or Behavior) : _____

Health Condition: Good / Sick, please specify: _____

On medication: No / Yes, please provide name of the medicines: _____

(B) Parent / Guardian Particulars

		1 st	2 nd	3 rd
Name	(Eng)			
	(Chi)			
Relationship with the Child				
Occupation				
Contact Tel. No.	Daytime			
	Mobile			

In case of emergency, the school will contact the above parent/ guardian in the sequence stated. Please refer to back page for the consent on the use of personal data.

(C) Application Reason(s) :

- Caregiver is working on longer or irregular hours.
- Caregiver attends job interviews / employees retraining courses / other activities related to employment.
- Caregiver is sick / has to attend follow-up consultations / is hospitalized.
- Caregiver needs to visit / take care of family members / relatives / friends, who are ill.
- Caregiver is out of town, they cannot take care of their children temporarily.
- Others, please specify: _____

If you need to apply the subsidy due to financial conditions, please contact our staff.

Applicant's Name / Signature : _____ Date : _____

H.K.S.K.H. St Simon's Tai Hing Nursery School
Letter of Consent to Use of Personal Data

I understand that Hong Kong Sheng Kung Hui St Simon's Tai Hing Nursery School ("the School") of Hong Kong Sheng Kung Hui Welfare Council Limited ("the Council") will collect my / my child's personal data for processing my application for the related services. The Council may disclose and/or transfer my personal data including but not limited to my name, telephone number, fax number, email address and mailing address where applicable, to the staff and volunteers who will have access to the information on a need-to-know basis, other units and/or centres of the Council, and party authorized or required by law, and external parties who are authorized and/or appointed by the Council including but not limited to doctors, insurance companies, government departments, legal advisors, and /or other service providers. My personal data will be treated as strictly confidential in accordance with the Personal Data (Privacy) Ordinance, and will not be sold, traded or rented in any form through any means to any other parties.

I understand that the personal data is provided on a voluntary basis. Failure to supply such data may result in the School (or the Council) being unable to process my application or to provide the service requested. I shall be responsible for the delay of processing of my application or provision of service, if any, arising from my failure to supply any of the personal data required. I understand that I have to ensure the accuracy of all the personal data I supplied. I shall notify the School and/or the Council of any change of the personal data or any part thereof as soon as possible. I understand and agree that I shall be responsible for delay of service due to any inaccurate or incomplete personal data. I understand that if any personal data of my family/children/relatives or friends are provided, I shall obtain the necessary prior consents before providing such data. I understand that the personal data will be erased on the second year after the end of service.

Save and except the circumstances specified under the Personal Data (Privacy) Ordinance, I understand that I have the right to apply for access and/or correction of the personal data held by the Council and the initial handling fee for such application and photocopy fee are \$70 and \$2/sheet respectively. For application or enquires, I may contact the person in charge of the School. Particulars of the School are as follows:

Address: . G/F, PHASE 1, COMMERCIAL COMPLEX, TAI HING ESTATE, TUEN MUN, NEW TERRITORIES

Telephone: 2462 3856

The Council will utilize your personal data for communicating with you, delivering news information, and for the purposes of service promotion, fundraising, volunteer recruitment, conducting surveys and other activities associated with the Council.

Should you find the use of your personal data not acceptable, please indicate your objection before signing by ticking the box below.

I object Hong Kong Sheng Kung Hui Welfare Council Limited to use to my personal data for the purposes stated above.

Upon your request in writing to Hong Kong Sheng Kung Hui St Simon's Tai Hing Nursery School (G/F, PHASE 1, COMMERCIAL COMPLEX, TAI HING ESTATE, TUEN MUN, NEW TERRITORIES), we will cease to use your personal data for the above purpose.

Signature of applicant: _____

Signature of staff: _____

Name of applicant: _____

Name of staff: _____

HKID No. of applicant: _____

Position of staff: _____

Date: _____

Case No.: _____