

Tung Wah Group of Hospitals Residential Care Homes for the Elderly (Tung Wah Quota) Application Form

Application No.:
(For office use only)

A. Personal Particulars of Applicant

Name: _____ (Chinese) (If applicable)	Name: _____ (English)	Sex: Male/Female
Date of Birth: _____ / _____ / _____	Age: _____	
HK I.D. Card No.: _____	Dialect Used: _____	
Residence Address: _____ _____	Correspondence Address (if different from Residence Address): _____	
Telephone No.: _____	Day-time Telephone No.: _____	

B. Personal Particulars of Sponsor/Guarantor

Name: _____
Sex: _____ Male/Female
Address: _____ _____
Tel. No.: _____
Relationship with Applicant: _____

C. Particulars of Referrer (if applicable)

Name of Agency / Referrer: _____
Name of Contact Person: _____
Post: _____
Address: _____ _____
Tel. No.: _____

D. District Preference (Please put a "✓" in the appropriate box)

<input type="checkbox"/> No preference
<input type="checkbox"/> Choices of district (you may choose more than 1 district)
<input type="checkbox"/> Hong Kong Island <input type="checkbox"/> Kowloon <input type="checkbox"/> New Territories East <input type="checkbox"/> New Territories West

E. Declaration

<p>1. I have read the Guidance Notes for Residential Care Homes for the Elderly (Tung Wah Quota) and understand its content.</p> <p>2. I certify that the above information is true and complete.</p> <p>3. I consent to accept the arrangement of interRAI-HC 9.3 assessment for me and the release of my personal particulars including assessment results to the T.W.G.Hs. for consideration of my above application.</p> <p>4. The following relative(s) is/are working at residential care homes for the elderly of T.W.G.Hs. (if applicable).</p> <p style="margin-left: 20px;">i) Name: _____ ii) Relationship with applicant: _____</p> <p style="margin-left: 20px;">iii) The name of the employed home: _____</p> <p>5. <input type="checkbox"/> I object to Tung Wah's using my personal data for the future contact, fund-raising, promotion/training or collection of opinions. (Please put a "✓" in the box if appropriate.)</p> <p>Date: _____ / _____ / _____ Signature of Applicant: _____</p>
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