

願望成真基金

Make-A-Wish® Hong Kong

香港九龍觀塘駿業街 49 號住貿中心 205 室

Room 205, Free Trade Centre,

49 Tsun Yip Street, Kwun Tong, Kowloon, Hong Kong

電話 Tel (852) 3101 9688

傳真 Fax (852) 3101 9588

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網址 Website www.makeawish.org.hk



推薦表格

RECOMMENDATION FORM

Case No. _____

(Version: 201609)

以下人士可推薦申請願望成真基金的服務：(1) 病童的主診醫生、病房經理、護士或社工；(2) 病童家長/監護人；或 (3) 病童本人。所有申請必須經病童的主診醫生證明及簽署。表格請以電郵、傳真或郵寄形式交回。如有查詢，敬請致電 (852) 3101 9688。

Make-A-Wish Hong Kong accepts referrals made by: (1) medical professionals treating the sick child, such as doctors, ward managers, nurses and social workers; (2) parents/ legal guardians of the child; or (3) the potential Wish Child. All applications must be certified and countersigned by the child's treating doctor. Please return the completed form by email, fax or post. For queries, please call (852) 3101 9688.

[請以正楷填寫 - 此表格可自行印影使用 Please write in BLOCK LETTERS - This form can be photocopied for distribution]

以下由家長/ 監護人填寫 To be Completed by Parents/ Legal Guardians

兒童姓名	中文	英文	身份證號碼		
Child's Name: (Chinese)	_____	(English)	_____	I.D. No.:	_____
出生日期	_____	日 / 月 / 年	年齡	性別	_____
Date of Birth:	_____	(DD / MM / YYYY)	Age :	Sex:	_____
住址	_____				
Home Address:	_____				
住宅電話	_____		電郵	_____	
Home Tel. No.:	_____		Email:	_____	
父親姓名	_____		職業	手提電話	
Father's Name:	_____		Occupation:	_____	
母親姓名	_____		職業	手提電話	
Mother's Name:	_____		Occupation:	_____	
監護人姓名 (如適用/ if applicable)	_____		職業	手提電話	
Guardian's name:	_____		Occupation:	_____	
兒童的狀況	_____				
Child's Background:	<input type="checkbox"/> 與家人同住	<input type="checkbox"/> 父母已離異	<input type="checkbox"/> 喪父	<input type="checkbox"/> 喪母	
	<input type="checkbox"/> Living with family	<input type="checkbox"/> Parents separated	<input type="checkbox"/> Father deceased	<input type="checkbox"/> Mother deceased	
	<input type="checkbox"/> 住學校宿舍	<input type="checkbox"/> 暫住慈善機構提供的院舍			
	<input type="checkbox"/> Staying at dormitory	<input type="checkbox"/> Temporarily staying at accommodation provided by charitable organizations			
兒童是否仍在上學?	_____				
Is the child attending school?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No			

以下由醫生填寫 To be Completed by the Doctor

1. Child's diagnosis: _____
2. Is/ Are the disease(s) **life-threatening**? (Note: only children with life-threatening medical conditions are eligible for a wish)
 Yes No (please provide information that the patient has entered into a phase of the disease(s) that is/ are life-threatening to him/ her)

3. What is the child's **current** medical conditions?
 Poor prognosis Critical and urgent On palliative care
 On treatment Treatment completed, on _____
 Others: _____
4. Is there a medical necessity to complete the wish within a certain timeframe?
 No
 Yes (Suggested timeframe: _____)
Reason(s): Operation in _____ week(s) Poor medical conditions
 Others: _____

5. If the child is undergoing cancer therapy, please indicate whether the child is:
 Newly diagnosed On recurrence treatment In remission (last treatment given on _____)
6. The child's physical/ mental conditions (please check as appropriate):
 Walk unaided Amputated Limited mobility of upper limbs
 Walk with assistance Confined to wheelchair (Electric Manual)
 Impaired vision Impaired hearing Mute
 Autism Mental retardation (Severe Moderate Mild)
 Others: _____
7. Does the child need to use any medical equipment?
 No
 Yes (Ventilator Portable oxygen and concentrator Others: _____)
8. Is the child staying in hospital? No
 Yes (Ward: _____)
9. Is the child aware of the life-threatening nature of his/ her illness? Yes No
10. If the child's wish involves outdoor activities, please describe any special medical needs or considerations that might have reference to: _____

11. Additional remarks: _____

Name of Child's Doctor: _____ Doctor's Signature: _____
 Hospital: _____ Department: _____
 Doctor's Contact Number: _____ Doctor's Fax Number: _____
 Doctor's Email: _____ Date: _____

以下由推薦人填寫 (若推薦人非兒童的醫生) To be Completed by Referee (if the referee is not the child's doctor)

Supplementary information provided by Referee (if applicable): _____

Name of Referee: _____ Referee's Signature: _____
 Organization: _____ Department/ Centre: _____
 Referee's Contact Number: _____ Referee's Fax Number: _____
 Referee's Email: _____ Date: _____

PERSONAL DATA & PRIVACY STATEMENT: The personal data collected will be treated strictly confidential and will be used for internal analysis and communications purposes only. Personal data will not be disclosed to the public or any third parties.

個人資料及私隱聲明: 所收集的個人資料均會保密處理，只會用作本機構的內部分析及通訊用途，並且不會提供予公眾或其他第三方等。

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**申請「願望成真基金」兒童及其家人
同意書**

有關資料收集與使用授權

本人 _____ (家長或監護人姓名) 同意向「願望成真基金」
提供 _____ (兒童姓名) 及其家人的個人資料。本人同意可
將上述資料傳閱予負責探訪的義工及贊助是次申請的機構或人士。

本人同意「願望成真基金」就是次申請向醫護人員、社工及有關機構
查詢 _____ (兒童姓名) 及其家人的個人資料。

有關願望探訪

本人同意「願望成真基金」於願望申請確認後三個月內進行探訪，以及須
於二十四個月內實現願望。

家長或監護人簽署

簽署日期

個人資料使用守則：

願望成真基金盡力遵守及執行《個人資料（私隱）條例》中所列載的規定，確保儲存的個人私隱及個人資料處理得到充分保護，準確無誤，及有妥善的儲存方法。為確保你能充分了解向本會提供個人資料的準則，請細閱本守則。

收集資料目的及使用準則：

1. 願望成真基金將依照在收集資料時所說明之目的去使用該等資料。
2. 向本機構提供個人資料純屬自願，如你未能提供足夠個人資料，本機構可能無法有效處理你的申請或提供有關服務。
3. 本機構可能使用你的個人資料（包括你的姓名、電話、傳真、電郵、郵寄地址、所屬機構/公司/學校），以便本機構日後與你通訊、處理報名、發行收據、研究/分析/統計、籌款、收集意見、作活動/訓練課程邀請/推廣用途，及與本機構相關之項目事宜。

查閱及更新個人資料及申請停止使用個人資料作推廣之用途：

除了《個人資料（私隱）條例》規定的豁免範圍外，你有權就願望成真基金備存有關你的個人資料作出查閱、更改及停止使用你的個人資料作推廣用途的要求，但已達成使用目的後而刪除的個人資料除外。

如不想收到本機構電話或電郵，可以隨時透過以下途徑與本機構聯絡：

電郵：info@makeawish.org.hk

電話：(852) 3101 9688

書面郵寄至：願望成真基金 - 香港九龍觀塘駿業街 49 號佳貿中心 205 室

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Application to Make-A-Wish Hong Kong

Consent Form

Personal Data Collection and Use

I _____ (name of parent or guardian) agree to provide the personal information of _____ (child's name) and his/ her family members to Make-A-Wish Hong Kong. I agree that Make-A-Wish Hong Kong can pass the above information to visiting volunteers and people or organization(s) sponsoring this application.

I also agree that Make-A-Wish Hong Kong can collect the personal information of _____ (child's name) and his/ her family members from medical professionals, social workers and related organization(s).

Wish Team Visit and Wish Granting

I understand that the first visit shall be conducted within three months and the wish shall be completed within twenty four months after the application is approved.

Signature of Parent/ Guardian

Date

Make-A-Wish Hong Kong Guideline for the Use of Personal Data

Make-A-Wish Hong Kong undertakes to comply with the requirements of the Personal Data (Privacy) Ordinance to ensure that personal data kept is accurate and securely kept. To ensure you are well informed of the personal data as collected, please read through this guideline.

Purpose of Collection and Guideline for Use of Personal Data

1. Agency for Volunteer Service will use personal data collected from data subject for the purposes for which it was collected.
2. To provide personal data to the Organization is on voluntary basis. However, if you do not provide sufficient personal data, we may not be able to process your application or provide service to you.
3. The Organization may use your personal data in future (name, telephone number, fax number, email, mailing addresses, organization/ company/ school) for the purposes of providing you with information of the Organization, handling application, issuing receipt, research, fundraising appeal, feedback collecting, activities invitation/ promotion etc.

Access to and Correction of Personal Data and Request for Cessation of Using Personal Data for Promotion Purposes

Apart from the exemptions provided under the Personal Data (Privacy) Ordinance, you are entitled to access and correct your personal data held by Make-A-Wish Hong Kong, and request us to cease to use your personal data for promotion purposes. However, it will not include the personal data deleted after the achievement of the purpose.

If you do not wish to receive further calls or e-mails from us, you may opt-out from receiving our information or materials at any time:

By email: info@makeawish.org.hk

By phone: (852) 3101 9688

By post: Make-A-Wish Hong Kong

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