

Case No. \_\_\_\_\_

(Version: 202509)

## 推薦表格 RECOMMENDATION FORM

以下人士可推薦申請願望成真基金的服務：(1) 病童的醫生、護士或專職醫療人員；(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) Doctors, nurses, or allied health professionals treating the sick child; (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	身份証號碼
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: _____
電郵	其他聯絡方法 (手機通訊軟件帳號):		
Email: _____	Other contact method (Instant messenger): _____		
父親姓名	職業	手提電話	
Father's Name: _____	Occupation: _____	Mobile No.: _____	
母親姓名	職業	手提電話	
Mother's Name: _____	Occupation: _____	Mobile No.: _____	
監護人姓名 (如適用/ if applicable)	職業	手提電話	
Guardian's Name: _____	Occupation: _____	Mobile No.: _____	

  

兒童的狀況	<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
Child's Background:	<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"/> Living with family	<input type="checkbox"/> Temporarily staying at accommodation provided by charitable organizations		

兒童是否仍在上學?  
Is the child attending school? ☐ 是 Yes ☐ 否 No

家庭是否正在領取或申請綜合社會保障援助 (綜援)?  
Is the family currently receiving or applying for the Comprehensive Social Security Assistance (CSSA)? ☐ 是 Yes ☐ 否 No

你如何得知願望成真基金?  
How did you learn about Make-A-Wish?

<input type="checkbox"/> 由醫生轉介	<input type="checkbox"/> 由護士轉介	<input type="checkbox"/> 由社工轉介
<input type="checkbox"/> Referred by Doctors	<input type="checkbox"/> Referred by Nurses	<input type="checkbox"/> Referred by Social Workers
<input type="checkbox"/> 朋友或家人	<input type="checkbox"/> 由願望成真基金職員於醫院時介紹	
<input type="checkbox"/> Friends or Family	<input type="checkbox"/> Recommended by Make-A-Wish Staff at hospital	
<input type="checkbox"/> 網站 / 社交媒體	<input type="checkbox"/> 其他 (請說明)	
<input type="checkbox"/> Website / Social Media	<input type="checkbox"/> Others (please specify) _____	

**以下由醫生填寫 To be Completed by the Doctor**

1. Child's medical diagnosis: \_\_\_\_\_

2. Is/ Are the disease(s) critical to children?  
(Note: only children with CRITICAL MEDICAL CONDITIONS are eligible for a wish, i.e. a progressive, degenerative or malignant condition that is placing the child's life in a life-threatening stage or with extreme long-term complications)

☐ Yes ☐ No (please provide information that the patient has entered into a phase of the disease(s) that is/ are critical to him/ her) \_\_\_\_\_

3. 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

4. Regarding the child's medical condition and treatment, please indicate whether the child is:

☐ Newly diagnosed ☐ On recurrence treatment ☐ On maintenance treatment

☐ Receiving palliative care ☐ In remission (last treatment completed on \_\_\_\_\_ )

5. 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: \_\_\_\_\_

6. Does the child need to use any medical equipment?

☐ No ☐ Yes ( ☐ Ventilator ☐ Portable oxygen and concentrator ☐ Others: \_\_\_\_\_ )

7. Is the child staying in hospital? ☐ Yes (Ward: \_\_\_\_\_ ) ☐ No

8. Is the child aware of the critical nature of his/ her illness? ☐ Yes ☐ No

9. Additional remarks: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Signature: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**以下由推薦人填寫 To be Completed by the Referrer**

Role of Hospital Professional:

☐ Doctor ☐ Hospital Nurse ☐ Medical Social Worker

☐ Others (please specify): \_\_\_\_\_

Additional remarks on the Child's status: \_\_\_\_\_

Hospital / Organization: \_\_\_\_\_ Department/Center: \_\_\_\_\_

Name of Referrer: \_\_\_\_\_

Referrer's Contact Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Referrer's Email: \_\_\_\_\_

Referrer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 授權同意書

(以下由家長/ 監護人填寫)

### 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上述申請兒童  
及其家人的個人資料。

### 有關願望安排

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，六個月內確定願望內容，以及於二十四個月內實現  
願望。

### 有關願望故事分享

分享願望故事能让更多人了解實現願望對病童帶來的正面影響，鼓勵其他病童面對疾病帶來的挑戰。你的支持可  
以幫助我們為更多病童實現願望。

本人明白「願望成真基金」會分享上述申請兒童的願望故事內容，宣傳途徑包括：印刷品（如本會通訊、展板、宣  
傳單張）、網路平台（如網頁及社交平台）及媒體刊登。

本人 ☐ 同意 / ☐ 不同意 分享上述申請兒童的基本個人資料及相片，並明白分享願望故事的意向不會影響願望批核。

\_\_\_\_\_  
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份保護，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，可以隨時與本機構聯絡。

**Consent Form**  
**(To be Completed by Parents/ Legal Guardians)**

**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 above named applicant 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 confirmed within six months and completed within twenty four months after the application is approved.

**Wish Story Publicity Authorization**

With the sharing of wish stories and your support, we can help as many children with critical illnesses as we can and make their wishes come true.

I understand that Make-A-Wish Hong Kong will share my child's Wish Story through publicity channels including: printed materials (such as newsletter, exhibition panels, pamphlet, etc.), digital materials (such as website, social media platforms, etc) and media channels.

I hereby ☐ **authorize** / ☐ **do not authorize** to publicize the applicant's basic information and images. I acknowledge that my will of publicity will not affect the granting of the wish.

\_\_\_\_\_  
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. Make-A-Wish Hong Kong 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.