香港教育大學
The Education University of Hong Kong

整全成長發展中心 I·WELL
Integrated Centre for Wellbeing
Dedicated to 致力於研究與發展
Research and Development

Integrated Centre for Wellbeing [I-WELL] Case Registration Form

1) Information of Service Recipient

Name _____ Gender ☐ Male ☐ Female Country of birth _____ Age _____

Date of birth ____ Year ____ Month ____ Day Mobile No. _____ Home No. _____

E-mail _____ Occupation _____

Education level
☐ Uneducated ☐ Nursery ☐ Kindergarten ☐ Primary level ☐ Secondary level ☐ College or Tertiary ☐ Others: _____

Address _____

Service(s) status ☐ Receiving services (e.g. from Government or NGO) ☐ On the waiting list ☐ Not receiving any service

2) Information of Parent or Guardian (Only for service recipient aged below 18)

Name _____

Gender ☐ Male ☐ Female Home no. _____

Mobile no. _____ Office no. _____

E-mail _____ Relationship with service recipient _____

Education level ☐ Uneducated ☐ Primary level ☐ Secondary level ☐ College or Tertiary

Address of the guardian (If different from the above) _____

Service currently receiving

☐ Early education and Training centre ☐ Special child care centre ☐ Integrated childcare centre ☐ Hospital treatment
☐ Special school ☐ Other: _____

Name of organization / school _____

Types of Developmental Disorder (Can 「✔」 more than one option)

☐ Unknown ☐ Mental disorder ☐ Physical disability ☐ Hearing impairment
☐ Visual impairment ☐ Language delay ☐ Down's syndrome ☐ Intellectual disability
☐ ADHD ☐ Autism Spectrum Disorder ☐ None ☐ Other, please specify: _____

Intelligence

☐ Gifted ☐ Normal
☐ Mild to moderate grade
☐ Severe grade ☐ Unknown

Have you ever received the following treatment / assessment ?

☐ Occupational Therapy / assessment ☐ Speech Therapy / assessment ☐ Physiotherapy / assessment ☐ Radiation Therapy
☐ Medical treatment (Please specify the medicine _____) ☐ Psychological treatment / assessment
☐ Special education training ☐ Counselling services ☐ Behavior Therapy ☐ Play Therapy ☐ Other, (Please specify: _____)

Application for professional services ** Please click here for further details.

1. ☐ Treatment or assessment from clinical and educational psychologist (Individual)
2. ☐ Speech Therapy or Audiology / assessment (Individual)
3. ☐ Occupational Therapy / assessment (Individual)
4. ☐ Physiotherapy / assessment (Individual)
5. ☐ Counselling service (☐ Individual / ☐ family)
6. ☐ Play Therapy / assessment (Individual)
7. ☐ Early education / assessment (Individual)

Declaration of confidentiality
Our centre abides by the privacy policy of the Education University of Hong Kong, please visit http://www.eduhk.hk/main/privacy-policy/ for further details.

Means of discovering IWELL Centre: ☐ **Family / friends (Name if applicable):** _____ ☐ **Social worker / professional / organization (name):** _____ ☐ **Other:** _____

Please fill and send / fax this form to:
Address：D3-P-04, Integrated Centre for Wellbeing, 10 Lo Ping Road, Tai Po, New Territories, Hong Kong
E-mail： iwell@eduhk.hk Tel： 2948-8383 Fax： 2948-8714

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Integrated Centre for Wellbeing
Notice to Service Recipient

(1) Notice for personal information collection

1.1 Reasons for collecting personal information

The personal data collected will be used for related services at the Integrated Centre for Wellbeing ("the Centre"). The provision of personal data to the Centre is voluntary. The Centre might not be able to process an application if the information provided is insufficient. Please ensure that the information provided is accurate, and the Centre should be informed for any further changes made.

1.2 Information transfer

If you agree, the personal data provided (including the data of assessment / training / activities, etc.) will be used by the academic staff of the Centre or the Department as required for service improving and research purposes.

1.3 Accessing and changing personal information

Apart from specific exemptions under the Personal Data (Privacy) Ordinance, you have the right to access and change your personal data. You can also pay a fee to obtain a copy of your information. Please contact I-WELL Centre Manager: (Office no.: 2948-8383; Email: iwell@eduhk.hk) for further enquiries.

☐ *I have received and read the "**Notice to Service Recipient**". I understand and am willing to abide by the abovementioned codes.

☐ I agree that the collected data can be used for service improvement and research purposes.

☐ I wish to receive related information, including communications, social services and activities.

Signature of applicant： _____

Date： _____