Revised Nov 2026

Hong Kong Alzheimer's Disease Association
Service Application Form

For official use only
Contact date: _____

Choice of Service

☐ Early Detection (Brain Health Centre/ Brain Joy Centre)* ☐ Day Centre ☐ In-home Training
☐ Home Environmental Safety Consultation ☐ Memory Training Class ☐ Saturday Interest Class

Please read the Personal Data Privacy Policy of the Hong Kong Alzheimer's Disease Association (HKADA) carefully (https://www.hkada.org.hk/privacy-policy). You have the right to provide or refuse to provide your personal information. However, the lack of information may deter our provision of appropriate services. Feel free to contact us should you have further queries

Service User Information

Name: _____(Chin) _____(Eng) Sex: M / F

Tel: _____ Age: _____ Birth: _____(Year) _____(Month)

Address: _____(District) _____(Name of Street/Estate) _____ (Name of Building/ Block)

Education level: ☐ No formal education ☐ Primary education ☐ Secondary education ☐ University

Language use: _____ Living condition: ☐ Living alone ☐ Living with family member(s) (Please specify: _____)

Use Community Care Service Voucher (CCSV) for our service: ☐ Yes ☐ No

Type(s) of Security Assistance received: ☐ CSSA ☐ Old Age Living Allowance ☐ Others (Please specify: _____)

Wheelchair User: ☐ Yes ☐ No Diagnosed with Dementia: ☐ Yes (Year of diagnosis: _____) ☐ No

Have you ever used any of our service(s) before: ☐ Yes (Please specify:_____) ☐ No

Contact person information

Name: _____ Relation with applicant: _____

Phone: _____ Email: _____

Mailing address: _____

*If the main caregiver is different from the above applicant, please fill in the below information:

Name of main caregiver: _____ Phone: _____ Relation with applicant: _____

Self-perceived stress level of caring (1-10, 1=No stress; 10=very stressful): _____

How do you get to know HKADA? ☐ Internet ☐ Poster/ leaflet ☐ Physician/ Social Service Agency (Please specify: _____) ☐ Others

Personal Data Collection Statement

I hereby confirm that I have read, understood and agreed on the Personal Data Privacy Policy of the Hong Kong Alzheimer's Disease Association (HKADA) before I provide the above information. In addition, HKADA may use the provided information for the below purposes.
(Please tick the appropriate boxes.)

☐ Agree / ☐ Object to permit HKADA to use my personal data in sending HKADA's service and educational information.
☐ Agree / ☐ Object to permit HKADA to use my personal data in sending fundraising related information.

Signature：_____ Name：_____ Date：_____

For personal data updating, please contact us at 2338 1120 or email to headoffice@hkada.org.hk.

* **Application for Early Detection Service, please send the completed form to <u>Headoffice</u> by facsimile or by mail; for other applications, please send the completed form together with the Certification by physician (if any) to the <u>related Centre</u> by facsimile or by mail.**

Headoffice: **In-home Training / Home Environmental Safety Consultation**:	G/F, Wang Yip House, Wang Tau Hom Estate, Kln	Tel: 2338 1120	Fax: 2338 0772
Brain Health Centre: G/F, Wang Yip House, Wang Tau Hom Estate, Kln		Tel: 2338 2499	
Vera Ruttonjee Desai Brain Joy Centre: Suite 501, 5/F, Guardian House, 32 Oi Kwan Road, Wanchai, HK		Tel: 2355 7300	Fax: 2355 7328
Tseung Kwan O Centre: 3/F, Sau Lam House, Tsui Lam Estate, Tseung Kwan O, NT		Tel: 2778 9728	Fax: 2778 9080
Gene Hwa Lee Centre: Shop 11-20, G/F, Waterside Plaza, 38 Wing Shun Street, Tsuen Wan, NT		Tel: 2439 9095	Fax: 2439 9310