

【One-month Intensive Applied Behaviour Analysis Treatment】 Application Form

Personal Information:

Child's name
Surname: _____ Given name: _____ Sex: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Name of School/Institute: _____ Class: _____

Name of Applicant: _____ Relationship to the child: _____
Mailing/Home Address: _____

E-Mail Address: _____

Name of Father: _____ Occupation: _____ Contact Number: _____

Name of Mother: _____ Occupation: _____ Contact Number: _____

Other Immediate Family Members:

Immediate family members excluding parents

	Name	Age	Sex	Relationship to the child
Member 1				
Member 2				
Member 3				
Member 4				

Further Information:

1. a. Has the child ever received a diagnosis of ASD from doctor(s) or psychologist(s)?
 No Yes (Please provide a copy of the report)
- b. Institute(s) providing the diagnosis:

- c. Date of issuing the diagnosis:

- d. Any record(s) of chronic disease(s)?
 No Yes, please specify: _____
2. Current training/therapy being received (excluding those from school):
 No Yes, please specify: _____
- a. Content of the training/therapy:

- b. Service providing institute:

- c. Period of the training/therapy:
From _____
To _____
- d. Number of days receiving therapy: _____ Day(s)
3. Please select available time slot(s) for training session (Training sessions would be arranged based on actual demand, we would make our best effort but could not guarantee to schedule in selected time slot)
 9:00a.m.- 11:30a.m. 12:45p.m- 3:15 p.m. 3:30p.m.- 6:00p.m.
4. How did you hear about us: (could choose more than one)
 Website Facebook Relatives/Friends Others: _____
5. Are you willing to receive updated information and activity notifications from us through email/letter/mobile application?
 Yes No

Self-written Income Statement (Monthly)

Name of declarant:

Name of the child:

Job post :

Full / Part-time :

Employer :

Working place :

Working period :

Income details (recent three months, self-employed income included)

Month :	Month :	Month :
Cheque : \$	Cheque : \$	Cheque : \$
Transfer : \$	Transfer : \$	Transfer : \$
Cash : \$	Cash : \$	Cash : \$

Other income, please state

Double pay/ bonus : \$ _____

Allowance

i. Comprehensive Social Security Assistance (CSSA): _____

ii. Old Age Living Allowance : _____

iii. Other allowance, please state: _____

Others (e.g. rental income, alimony), please state: _____

Total Monthly Income: \$ _____

Signature: _____

Date: _____

*Please submit the form together with proof, e.g. payslip, bank statement, tax invoice, contract, CSSA document, etc.

*Please fill in the form separately if more than one person in the family work

Household Assets Declaration Form

Name of the child: _____

Please fill in the household net asset value (omitting decimal places, if any, to the nearest HK dollar) as at the day of application.

		Household Member (1)	Household Member (2)	Household Member (3)
Name				
(1) Deposits, Cash and Loans to others total value		\$	\$	\$
(2) Investments total value		\$	\$	\$
(3) Business Undertakings net asset value		\$	\$	\$
i	Name and nature of business			
ii	Percentage of interest	%	%	%
(4) Vehicles net value		\$	\$	\$
(5) Taxi/Public Light Bus Licenses (including vehicles) net value		\$	\$	\$
(6) Landed Properties net value		\$	\$	\$
i	Type			
ii	Self-occupied / Rent-out / Vacant / Others			
iii	Estimated properties value as at the day of assessment	\$	\$	\$
iv	Outstanding mortgage loan	\$	\$	\$
v	Percentage of interest	%	%	%
(7) Lands net value		\$	\$	\$
i	Type			
ii	Self-occupied / Rent-out / Vacant / Others			
iii	Estimated land value as at the day of assessment	\$	\$	\$
iv	Outstanding mortgage loan	\$	\$	\$
v	Percentage of Interest	%	%	%
Sub-total asset value of individuals		\$	\$	\$
Total asset value of Household :		\$		
Signature				

By signing this form, I/We hereby confirm the information provided by me/us is true, accurate and complete.

- Attention:**
- (1) Household members can choose to declare their assets separately.
 - (2) All household members aged 18 or above listed are required to sign above.
 - (3) If there is insufficient space, an additional form may be used.
 - (4) Please submit this form with supporting documents, e.g. bank passbooks (showing updated balance), bank statements, time deposit receipts, etc.

Terms and Conditions

- A. All information provided by the applicants (parents or guardians of the child) must be true and correct, in the case of providing misleading or false information, Autism Partnership Foundation (APF) has the right to terminate the application process and request for the service fees of HKD 30,000 to be made by the child who already received the service.
- B. Treatment sessions will be recorded in the forms of video and photo for the purpose of service evaluation, internal training, seminars, workshops and/or promotion of APF's services.
- C. Applicants are required to complete the evaluation form before, in between and at the end of the treatment, in order for us to improve our services.
- D. In addition to the application form, applicants are required to submit the child's assessment record, proof of family income and household assets declaration form. If supplementary documents are required, applicants are required to provide them within 2 months from the notice date to avoid re-application.
- E. Our staff will confirm the treatment arrangement via phone or email after reviewing the documents. Applicants will receive a phone message/ email/ letter confirmation on the treatment. After confirmation, our staff will inform the pre-treatment (phone) interview or evaluation arrangements.
- F. The one-month intensive Applied Behaviour Analysis treatment is comprised of a 20-day treatment session (excluding Saturdays, Sundays and Public Holidays). If the child is not available to attend the pre-scheduled session, it is required to contact our staff 5 days prior to the session date. Should the applicants miss the pre-service phone interview, evaluation, or fail to pay the enrollment deposit and service fee, the scheduled treatment will be cancelled.
- G. The **enrollment deposit** and **service fee (if applicable)** should be paid on the first treatment day.
- H. APF reserves the right to request applicants to **make an oath** at the Home Affairs Department to declare the authenticity of the information provided.
- I. APF reserves the right to request additional documents from applicants.
- J. For special circumstances, APF reserves the right to amend all service-related arrangements.
- K. APF reserves the right to all admission decisions.

Enrollment Deposit

- A. Applicants are required to pay an enrollment deposit of **HKD 2,000** on the first treatment day.
- B. To avoid misuse of resources, **an attendance of 90% is required** (attending at least 45 hours out of the 50 hours treatment session) in order to **get a full refund of the enrollment deposit**. The enrollment deposit will not be refunded with an attendance below 90%.
- C. A medical certificate is required if the child is absent due to medical reasons. In such case, the child is exempted from the 90% attendance rule.
- D. With the compliance to all related regulations, applicants can present the enrollment deposit receipt for the refund on the last treatment day.
- E. All treatment sessions will take place according to the scheduled date and time, except when Typhoon Signal No. 3 or above is hoisted, Red or Black Rainstorm Warning is in force and should there be any school suspension announcements from the Education Bureau.
- F. There will be **no compensation classes** under any circumstances, unless otherwise announced by APF due to staff training or arrangement.

Service Fee

APF will calculate the service fee according to the proof of income submitted with the application form (for details, please refer to our website).

Participant - Undertaking and Declarations

1. I have read and fully understood for the above terms and conditions. I understand that I should abide and agree the above terms and conditions.
2. I declare that the information provided in this application form is factually correct.
3. I have read this consent (including these Undertaking and Declarations) carefully and fully understood my obligations and liability under these Undertaking and Declarations.

Name of Applicant: _____ Signature: _____

Name of the child: _____ Date: _____

Autism Partnership Foundation (APF) processes your personal data strictly in accordance with the Data Protection Act; and your data will be used by APF/ Aoi Pui School (APS) and their service providers only for communications between you and APF/APS. If you do not like to receive any promotional materials from APF/APS, please tick the box.

For Internal Use Only
<input type="checkbox"/> Accept
Reason: _____
<input type="checkbox"/> Pending Outstanding documents:
- Monthly household income (as at _____): _____
- Household assets value: _____
- Family members: _____
- Monthly median income in HK: _____
<input type="checkbox"/> \$2000 Deposit <input type="checkbox"/> Service fees _____
<input type="checkbox"/> \$2000 Deposit <input type="checkbox"/> Service fees _____ (deduction _____ %)
Reason: _____
Endorsed by: _____ Approved by: _____
Ref no.: _____ Received on: _____