



THE
WEMP
FOUNDATION
愛望基金

Hong Kong Adventist Hospital Foundation SEN Connect Application Form

港安醫院慈善基金

「心智多樣化」頻譜 兒童成長發展綜合資助計劃

申請表格

Foundation Use 基金專用

Date received 收到日期: _____

Section I: Particulars of Referral Organization 轉介機構資料 (Only applicable to Referral Organization 只適用於轉介機構填寫)

Name of Referral Organization 轉介機構名稱:		Referral Organization Chop 轉介機構蓋印:
Name of Contact Person 聯絡人姓名:	Title 職位:	
Contact Number 電話號碼:		
Email Address 電郵地址:		

Section IIA: Particulars of Applicant 學童資料 (Only for Age 4-14 applicant 只限 4-14 歲學童參加)

Name in Chinese 中文姓名:		Surname in English 英文姓氏:		First Name in English 英文名字:	
Date of Birth 出生日期: ____ / ____ / ____ DD 日 MM 月 YYYY 年	Age 年齡:	Sex 性別:	Place of Birth 出生地點:	Nationality 國籍:	
HKID Card No.: 香港身份證號碼:		School: 就讀學校: _____ Grade: 年級: _____			
Home Address 住宅地址: _____ _____ _____				Spoken Languages 語言: <input type="checkbox"/> Cantonese 粵語 <input type="checkbox"/> Mandarin / Putonghua 國語 / 普通話 <input type="checkbox"/> English 英語 <input type="checkbox"/> Others 其他: _____	

Section IIB: Particulars of Parent/Guardian 家長/監護人資料

Name in Chinese 中文姓名:		Surname in English 英文姓氏:		First Name in English 英文名字:	
Date of Birth 出生日期: ____ / ____ / ____ DD 日 MM 月 YYYY 年	Age 年齡:	Sex 性別:	Relationship 與申請人關係:	Nationality 國籍:	Marital Status 婚姻狀況:
Hong Kong ID No.: 香港身份證號碼:		Daytime Contact Phone No: 日間聯絡電話:		Spoken Languages 語言: <input type="checkbox"/> Cantonese 粵語 <input type="checkbox"/> Mandarin / Putonghua 國語 / 普通話 <input type="checkbox"/> English 英語 <input type="checkbox"/> Others 其他: _____	
Live with Applicants 是否與學童同住: <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No		Home Address 住宅地址: (If different from above address 如與上址不同) _____ _____			

Section IIC: Applicant's condition 學童病況 學童姓名：_____

Suspected OR be diagnosed with: 懷疑或已被診斷：

Please tick "✓" in the appropriate box below. 請在下列適當的空格填上「✓」號。

Specific Learning Difficulties 特殊學習困難	
Anxiety / Depression 焦慮 / 抑鬱	
Autism Spectrum Disorder 自閉症	
Attention Deficit / Hyperactivity Disorder 注意力不足/過度活躍症	
Other 其他 (如有, 請自行填寫) :	

Section III: Particulars of Applicant's Family Members and Financial Situation

學童的家庭成員資料及家庭經濟狀況

3.1 Is the applicant's family a recipient of CSSA? 是 Yes Valid Date 有效日期: _____ 否 No
學童家庭是否正領取綜合社會保障援助 (綜援)?

3.2 Is the applicant a recipient of School Textbook Assistance (TA) Scheme?
學童家庭是否正領取學校書簿津貼計劃? 是 Yes, 全額資助 Full / 半額資助 Half (Please circle 請圈出) 否 No

3.3 All Family Members & Income 家庭成員及收入

Chinese Name (中文姓名)	English Name (英文姓名)	Age 年齡	Sex 性別	Relationship 與學童關係	Live with applicants 是否與學童同住	Occupation 職業	12 months average income 12 個月平均收入
Total 總計:							

Please attach sheet(s) if more space is required 如表格不敷應用, 請另紙書寫

Applicant's Family Specific Situation 學童家庭的特別狀況 (如有, 請自行填寫)

How did you know about this subsidy program? 請問是通過哪些途徑得知此資助計劃?

Please tick "✓" in the appropriate box below. 請在下列適當的空格填上「✓」號。

<input type="checkbox"/>	School Social Worker / Teacher 學校社工 / 老師	<input type="checkbox"/>	Social media (Facebook / Instagram) 社交媒體
<input type="checkbox"/>	Child Assessment Centre / Hospital 兒童體能智力測驗中心/醫院	<input type="checkbox"/>	Friends 朋友
<input type="checkbox"/>	Service Centre Social Worker 服務中心社工	<input type="checkbox"/>	HKAHF Website 港安醫院慈善基金網頁

3.4 Dependent Parents 受供養父母

Name of Dependent Parent 受供養父母姓名	HKID Card No. and Year of Birth 身份證明文件號碼 及出生年份	Dependency Status (Please put "✓" in the appropriate box) 供養情況(請在適當方格內加上✓號)		
		Within the last 6 months 最近6個月內:		
		Resided with the applicant's family 與申請人家庭同住	Resided in premises owned or rented by the applicant family 居於申請人家庭自置或租用的物業	Resided in an elderly home and the expenses were fully paid by the applicant family OR totally supported by the applicant family 居於安老院並由申請人家庭支付有關費用或提供全部生活費用
(1) Name in Chinese 中文姓名 Name in English 英文姓名	HKID card No: 香港身份證號碼: _____ or 或 Other Identity Document Type: 其他身份證明文件號碼: _____ Year of Birth 出生年份: _____			
(2) Name in Chinese 中文姓名 Name in English 英文姓名	HKID card No: 香港身份證號碼: _____ or 或 Other Identity Document Type: 其他身份證明文件號碼: _____ Year of Birth 出生年份: _____			
(3) Name in Chinese 中文姓名 Name in English 英文姓名	HKID card No: 香港身份證號碼: _____ or 或 Other Identity Document Type: 其他身份證明文件號碼: _____ Year of Birth 出生年份: _____			
(4) Name in Chinese 中文姓名 Name in English 英文姓名	HKID card No: 香港身份證號碼: _____ or 或 Other Identity Document Type: 其他身份證明文件號碼: _____ Year of Birth 出生年份: _____			



Any person who in or in connection with this application makes any statement or furnishes information, whether such statement be oral or written, which is false in any material particular and which he knows or reasonably ought to know is false in such particular shall be guilty of an offence. The supply of such false information may also prejudice the application and any existing Certificate. 任何人知道或理應知道陳述（不論是口頭陳述或書面陳述）或資料在要項上失實，仍在本申請表格或與這申請有關連的情況下，作出或提交該等在要項上失實的陳述或資料，即屬犯罪。提供該等失實的資料亦可能對上述申請和任何現有的證明書造成不利的影響。



Declaration 聲明

I, _____, the parent/guardian of _____, declare that:
本人 _____，為 _____ 的家長/監護人，謹此聲明：

- The information given by me in this application is true and correct to the best of my knowledge and belief. During the application process, I will communicate any updates or changes to the information provided in a timely manner.
本人在本次申請中所提供的資料，據本人所知及所信，均屬真確無訛；在申請過程中，如有任何更新或變更，本人會及時通知。
- When I am providing information about the applicant or other persons, I confirm that I have the necessary authority to provide their information on their behalf. I understand that it is my responsibility to ensure the applicant or such other persons are aware of and agree to the terms of this application form and the attached Personal Information Collection Statement ('PICS').
當本人提供申請人或其他人的相關資料時，本人確認本人有必要的授權代表申請人或其他該等人士提供資料；本人理解本人有責任確保申請人或其他該等人士知曉並同意本申請表以及隨附的收集個人資料聲明（「聲明」）中的條款。
- Information collected by this application form will be used for preliminary assessment purposes to confirm admission eligibility and other criteria applicable to SEN Connect program. Such information shall be collected, processed, transferred and stored in accordance with the terms of the PICS.
此申請表格所收集的資料將用於初步評估以確認錄取資格以及適用於 SEN Connect 計劃的其他標準。這些資料將按照個人資料收集聲明 (PICS) 的條款進行收集、處理、轉移和儲存。
- I have been informed by the referrer about the application terms for applying to the SEN Connect program. I understand the relevant content and agree to wait for services according to the listed details. I give my consent for the Central Referral System for Rehabilitation Services, Hospital Authority, Department of Health, Social Welfare Department, and Working Family and Student Financial Assistance Agency to disclose the applicant's information to the Hong Kong Adventist Hospital Foundation (HKAHF) and SEN Connect program partners for the purpose of processing the relevant applications.
本人已經由轉介者告知有關申請 SEN Connect 計劃的申請條款。本人理解相關內容，並同意根據所列細則等待服務。本人同意康復服務中央轉介系統、醫院管理局、衛生署、社會福利署以及在職家庭及學生資助事務處向港安醫院慈善基金（「本基金」）披露申請人的資料，以便處理相關申請。
- If the applicant is admitted to the SEN Connect program, I agree that HKAHF and/or SEN Connect program partners can disclose the applicant's personal data (including medical records) to any SEN Connect program's partners, service providers, and HKAHF's affiliates, including but not limited to Hong Kong Adventist Hospital or its designated institutions, hospitals of the Hospital Authority, and the assignees or successors of each of the aforementioned entities.
如果申請人獲 SEN Connect 計劃取錄，本人同意本基金及/或 SEN Connect 計劃合作夥伴可以將申請人的個人資料(包括醫療記錄)披露給 SEN Connect 計劃的任何合作夥伴、服務提供者以及本基金的關聯方，包括但不限於香港港安醫院或其指定的機構、醫院管理局轄下的醫院，及前述各方的受讓人或繼承人。
- For cases referred by social workers, the social workers have the right to access the Applicant's personal data (including medical records) and provide further services to the Applicant.
經社工轉介的個案，社工是有權查閱申請人的個人資料(包括醫療記錄)，為申請人提供進一步的服務。
- I hereby give consent to the use of photographs and videos taken of me or the applicant during the delivery and events of the SEN Connect program for non-commercial purposes, such as for publication in annual reports and newsletters and for the purposes of public education and marketing of HKAHF and SEN Connect partners and program.
我在此同意在 SEN Connect 計劃的服務提供和活動期間拍攝的本人或申請人的照片和視頻，可用於非商業用途，例如在年度報告及新聞通訊中發佈，以及出於公眾教育和本基金和 SEN Connect 合作夥伴和計劃的營銷目的。

I have read and accept the above Terms and Conditions, and confirm the information provided is correct.

本人已閱讀並接受以上條款及細則，並確認所提供的資料正確無誤。

I read and understand the PICS. I give consent to HKAHF's and SEN Connect partner's collection and use of the applicant's personal data in accordance with the PICS.

本人已閱讀並理解聲明。本人同意本基金及 SEN Connect 計劃合作夥伴根據聲明收集及使用本人的個人資料。
(Please tick "✓" the square. 請在方格內加上「✓」號。)

Parent / Guardian's Signature

家長/監護人簽署

Date

日期



Hong Kong Adventist Hospital Foundation Application Form

港安醫院慈善基金申請表



Terms and Conditions 申請條款及細則

Funding Principal 資助原則

- Under normal circumstances, if the applicant passes the initial financial assessment, HKAHF will arrange the applicant to conduct relevant medical assessment at Hong Kong Adventist Hospital or its designated (medical) institutions. The relevant medical expenses incurred including outpatient services, surgery and clinical checks, etc. will be covered by HKAHF. However, other treatment services not provided by institutions under Adventist Health Hong Kong will not be reimbursed.
一般情況下，申請人如通過審批，本基金會安排申請人於香港港安醫院或轄下指定之(醫療)機構進行相關之醫療評估，再按需要安排相關之醫療程序，由此衍生之醫療費用，包括門診、手術費用及檢查等費用會由本基金資助。然而，非港安醫療轄下的醫療機構提供的其他治療服務皆不獲資助。
- HKAHF will not support the applicant in cash form.
本基金不會以現金形式資助合資格之申請人。
- HKAHF shall not be responsible for any medical expenses incurred in connection with the medical procedures that are not carried out at Hong Kong Adventist Hospital or its designated institutions.
如有關醫療程序並非於香港港安醫院或其指定之機構進行，相關衍生之醫療費用，本基金概不負責。
- HKAHF reserves the discretionary right to refer the applicant to HA hospital when necessary.
本基金保留酌情權，在有需要時將個案轉介至醫管局轄下之醫院繼續治療。
- To be eligible for HKAHF assistance, all cases must submit a formal application and fulfil the criteria including passing the financial assessment.
所有個案必須正式提交申請，並符合經濟審查，方可獲本基金資助。
- If the applicant has already been followed up in the Department of Child and Adolescent Psychiatry in public hospital, or has previously sought diagnosis and treatment from a psychiatrist in a similar program, then they are not suitable for participate in this program.
如學童已在公立醫院兒童及青少年精神科有跟進、曾於其他相似計劃看過精神科專科醫生確診和治療，則不適合參加該計劃。
- Applicants are not allowed to apply for related subsidies from other organizations at the same time.
學童不可以同時申請其他機構的相關資助。
- If patient has scheduled an appointment with doctor or allied health treatment but fails to attend the appointment or does not provide 24 hours advance notice of cancellation, and this occurs twice, HKAHF reserves the right to terminate the subsidy services for the applicant.
如已預約醫生或專職醫療，卻未能赴約或是沒有提前 24 小時通知取消次數達 2 次，本基金有權終止學童的資助服務。

Billing mechanism 收費機制

Beneficiary category 受助類別	First consultation and report* fee 首次診症及報告*收費	Follow up fee 覆診收費	Allied health fee 專職收費
Comprehensive Social Security Assistance (CSSA) 綜援家庭	Free of charge 費用全免	Free of charge 費用全免	Free of charge 費用全免
Kindergarten & Child Care Center Fee Remission Scheme (KCFRS) & Grant for School-related Expenses for Kindergarten Students (Grant-KG) 幼稚園及幼兒中心學費減免計劃及 幼稚園學生就學開支津貼	HK \$320 港幣 320 元	HK \$320 港幣 320 元	HK \$100 港幣 100 元
School Textbook Assistance (TA) – “Full” & “Half” levels 學校書簿津貼計劃 – 「全額」及「半額」			
Other passed financial assessment family 其他符合經濟審查的家庭			
When it is discovered that applicant has received treatment from psychiatrist at public hospital, parents are required to pay a service fee of HK\$2,000 to Hong Kong Adventist Hospital Foundation as a form of penalty. 當發現學童已在公立醫院有精神科醫生接見治療，依照現行規範，家長將被要求支付港幣 2,000 元的服務費作為懲罰之用。			

*Report included 報告包括：CRSRehab-PS Form 2

Detailed reports written by clinical psychologists or educational psychologists are not included unless requested by the school or doctors.
除非是學校或醫生要求，否則不包括由臨床心理學家、教育心理學家所撰寫的詳細報告。

Application Procedure 申請程序

- Applicant has to submit the completed the application form together with the supporting documents by email to foundation@hkah.org.hk or WhatsApp 9765-2061.
申請人需填妥資助申請表及所需文件一併以電郵遞交至 foundation@hkah.org.hk 或 WhatsApp 9765-2061.
- The applicant can only submit one application at a time and ensure the submitted information are accurate and completed. Duplicate application or incomplete submission will not be processed
申請人每次只可以遞交一份申請書，並確保資料齊全。重覆遞交或資料不齊全的申請將不獲處理；
- In case of any dispute, the decision of HKAHF shall be final and conclusive
有任何爭議，港安醫院慈善基金會將保留最終決定權



Hong Kong Adventist Hospital Foundation Application Form

港安醫院慈善基金申請表



Documents required for application 申請所需文件

All applicants and their family members who live together must submit both completed HKAHF application form together with the following supporting documents.

所有學童及其同住家屬，必須填妥基金申請表並連同以下文件交回基金處理；

1. Identification Documents 身份證明文件

- I. HKID Card copy / Copy of Birth Certificate (applicants and family members) **Only suitable for age 4-14 applicant*
香港身份證或出世證明副本(學童及其同住家屬) *計劃只適合4-14歲學童參加

2. Documents for Financial Assessment 經濟審查所需文件

- (a) For those applicants and family members who are under CSSA / School Textbook Assistance (TA), the applicant should submit the certificate of Comprehensive Social Security Assistance / School Textbook Assistance (TA) 學童家庭如正領取綜援/學資處書簿津貼，必須遞交有效之綜援/書簿津貼文件
- (b) For those applicants and family members who are not recipients of CSSA / School Textbook Assistance (TA) Scheme, they should submit the following documents for financial assessment: 申請人及其同住家庭成員如沒有領取綜援/學資處書簿津貼，請必須遞交以下文件：
 - I. Copy of all bank account(s) record for the past 12 months; 最近12個月所有銀行戶口記錄影印本
 - II. Salary statement of current employer / Copy of Employer's Return of Remuneration and Pensions I.R. 56B or Salaries Tax Demand Note; 僱主填報的報稅表 I.R.56B 或薪俸稅通知書影印本

3. Others Documents 其他文件

- I. Residential Address document which bears your name (within the last 3 months)
住址證明 (需附有姓名) (最近三個月內)
And 及
- II. School handbook cover page and information page
學校手冊封面及資料頁
And 及
- III. New case appointment slip (waiting time is more than 6 months) issued by public hospitals;
由公立醫院所發出之新症排期紙 (等候時間多於6個月)
**Please submit public hospital new case appointment slip within 6 months if you cannot provide this document in first application.*
**如申請該資助計劃時未能提供公立醫院所發出之新症排期紙，請於成功申請此計劃第一次查詢後6個月內後補交該文件*
Or 或
Educational Psychologist assessment and referral letter from school
教育心理學家初步評估及學校轉介信
Or 或
Psychiatrist referral letter
精神科醫生轉介信
Or 或
Child Assessment Service (CAS) Report (If you already have a new case appointment slip issued by public hospitals, please submit it, otherwise you will be disqualified.)
衛生署兒童體能智力測驗服務中心評估文件 (如已有公立醫院所發出之新症排期紙，請必須遞交，否則取消資格)

**A person who knowingly and wilfully makes a statement or gives information which he/she knows to be false or does not believe to be true shall be guilty of an offence under the Laws of Hong Kong. The family will not be able to participate in any of the HKAHF's programs and will be permanently disqualified.*

**根據香港法例，任何人士如明知而故意申報失實或填報明知其為虛假或不相信為真實的資料，即屬違法。而該家庭所申請的任何本基金的慈善計劃將不可參加，並會永久取消資格。*

綜援 / 書簿津貼家庭	其他符合經濟審查的家庭
<input type="checkbox"/> 學童出世紙	<input type="checkbox"/> 學童出世紙
<input type="checkbox"/> 同住家人的身份證	<input type="checkbox"/> 同住家人的身份證
<input type="checkbox"/> 學校手冊封面及資料頁	<input type="checkbox"/> 學校手冊封面及資料頁
<input type="checkbox"/> 住址證明	<input type="checkbox"/> 住址證明
<input type="checkbox"/> 兒童精神科證明文件及政府排期紙	<input type="checkbox"/> 兒童精神科證明文件及政府排期紙
<input type="checkbox"/> 綜援紙 / 書簿津貼文件	<input type="checkbox"/> 最近12個月所有銀行戶口記錄影印本
	<input type="checkbox"/> 報稅表 I.R.56B



如有任何查詢，請致電 2835 0569 或 WhatsApp 9765 2061 聯絡我們。



Hong Kong Adventist Hospital Foundation Application Form

港安醫院慈善基金申請表



PERSONAL INFORMATION COLLECTION STATEMENT (“PICS”)

收集個人資料聲明（「本聲明」）

This PICS outlines how the Hong Kong Adventist Hospital Foundation, SEN Connect partner, The WEMP Foundation, (collectively, “we”, “us” or “our”) will collect and process your data and the applicant’s data.

本聲明概述了港安醫院慈善基金、SEN Connect 計劃合作夥伴、愛望基金（或其繼承人或受讓人）（以下統稱「我們」）將如何收集和處理你的資料以及申請人的資料。

Data collection 收集資料

We will collect the applicant’s personal and medical data, as well as your personal data (the “Data”) whether past, present, and/or future, including but not limited to the applicant’s name, gender, age, address, medical history and other physical or mental health information, as well as your name, gender, age, address, phone number and other information. If you are the referrer, we will also collect the contact information of the referrer’s contact person. Providing the Data is mandatory for applying for SEN Connect program.

我們將收集申請人過去、現在和/或將來的個人和醫療資料以及您過去、現在和/或將來的個人資料（「相關資料」），包括但不限於申請人的姓名、性別、年齡、地址、病史以及其他身體或心理健康信息，以及您的姓名、性別、年齡、地址、電話號碼和其他資料。如果您是轉介人，我們也將收集轉介人聯絡人的聯絡諮詢。為申請我們的基金資助，提供相關資料是必需的。

Purposes of collection 收集目的

We may use the Data for the following purposes from time to time:-

- to process the application of our assistance, including conducting the initial assessment as to eligibility for the SEN Connect program;
- to provide medical and other related services under the SEN Connect program, including referring to other health services providers and liaising with them;
- to conduct medical and scientific studies;
- To collect, analyse, and review data for the purposes of evaluating the SEN Connect program, marketing and planning health services, and conducting statistical analysis;
- to provide financial assistance to eligible applicants;
- to comply with our legal obligations.

我們可能會不時將相關資料用於以下目的：

- 處理對於我們的基金資助的申請，包括針對是否符合 SEN Connect 計劃條件的初步審批；
- 提供在 SEN Connect 計劃下的醫療及其他服務，包括轉介至其他醫療機構及聯絡該些機構；
- 進行醫學和科學研究；
- 為評估 SEN Connect 計劃、醫療服務的行銷及規劃、和統計分析的目的，收集、評估和檢查數據
- 向符合條件的申請人提供財務援助；及/或
- 遵守我們的法律義務。

Data Transfer 資料轉移

To facilitate the purposes set out above, we may disclose or transfer the Data to the following parties (“Our Partners”), whether within or outside Hong Kong, who are subject to confidentiality obligations:

- our affiliates, including but not limited to Adventist Medical Center and Hong Kong Adventist Hospital;
- other SEN Connect partners;
- relevant supporting organizations, patient support groups, including the Central Referral System for Rehabilitation Services, Hospital Authority (including its hospitals), Department of Health, Social Welfare Department and Working Family and Student Financial Assistance Agency;
- to physicians, specialists, surgeons, independent contractors, laboratories, hospitals, clinics, and any other relevant healthcare professionals or entities that will be involved in providing any medical and related services;
- our agents, service providers, and business partners, including information technology and marketing services providers;
- our legal, accounting and other professional service providers;
- persons under a duty of confidentiality to us;



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- persons to whom we are required to disclose information under any applicable law; and/or
- our assignees or successors and those of the above-mentioned recipients.

The Data will be stored in a cloud storage solution used by us from time to time, which may be located in or out of Hong Kong. We will ensure that appropriate technical and contractual measures, such as encryption or contractual obligations on cloud storage providers, are in place and maintain compliance with relevant data protection laws and regulations.

為了實現上述目的，我們可能會在香港境內或境外向以下各方（「我們的合作夥伴」）披露或轉移相關資料：

- 我們的關聯公司，包括但不限於港安醫療中心及香港港安醫院；
- 其他 SEN Connect 計劃合作夥伴；
- 相關支援機構，病人互助組織，包括康復服務中央轉介系統、醫院管理局（以及轄下之醫院）、衛生署、社會福利署及在職家庭及學生資助事務處；
- 參與提供任何醫療和相關服務的醫生、專科醫生、外科醫生、獨立承包商、實驗室、醫院、診所以及任何其他相關的醫療專業人士或機構；
- 我們的代理商、服務提供商和業務合作夥伴，包括信息技術和行銷服務提供商；
- 我們的法律、會計及其他專業服務提供商；
- 對我們負有保密義務的人員；
- 根據任何適用法律我們需要向其披露資料的人員；和/或
- 我們的受讓人或繼承人以及上述接收者的受讓人或繼承人。

相關資料將儲存於我們不時使用的雲端儲存解決方案中，該解決方案可能位於香港境內或境外。我們將確保採取適當的技術和合同措施，例如對雲存儲提供商的加密或合同義務，並保持遵守相關的數據保護法律法規。

Security and storage; Access and correction 安全及保存；查閱和更正

We will keep The Data in a secure manner only for as long as necessary to fulfil the above purposes. You may at any time request access to and correct The Data in our records.

我們將以安全的方式保存您的資料，保存時間僅限於實現上述收集目的所需的時間。您可以隨時要求查閱和更正您的資料。

For any questions or concerns regarding this PICS, please contact us using the contact information listed below:

Email: foundation@hkah.org.hk

Telephone: 2835 0569

WhatsApp: 9765 2061

如果您對本聲明有任何疑問或疑慮，請透過下述方式與我們聯繫：

電郵: foundation@hkah.org.hk

電話: 2835 0569

WhatsApp: 9765 2061

If there is any discrepancy between the Chinese and English versions, the English version shall prevail.

如中英文版本有差異，請以英文版本為準。