

The Hong Kong Society for the Deaf Speech Therapy Service Application Form

Please complete this application form and return it in person, by fax, email or mail.

Address : 6/F, Sheung Mei House, Sheung Tak Estate, Tseung Kwan O (Tseung Kwan O Multi-Services Center)
Tel. : 2711 5688 / 2711 1974
Fax : 2711 5877 / 2761 4390
E-mail : speech@deaf.org.hk

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1. Applicant's Name: (Chinese) _____ (English) _____
 2. Applicant is at least 18 years of age: Yes No
 3. Applicant's relationship with the service user:
 Self Parent/Legal Guardian Others: _____
 4. Service User's Name (if different from the applicant) :
(Chinese) _____ (English) _____ Gender: _____
 5. Service user's Date of Birth : _____
 6. Is the Service User a Hong Kong Resident? Yes No
 7. Correspondence Address: _____
 8. Contact No. : (1) _____ (2) _____
 9. E-mail Address : _____
 10. Evaluated previously by (if any): _____ Evaluation Date (if any): _____
 11. Main difficulties / reasons for application: _____
 12. Is the service user receiving speech therapy elsewhere?
 Yes (Hospital School Others: _____) No
 13. Is the service user hearing impaired?
 Yes (Degree: Mild Moderate Moderately Severe Severe Profound) No
Our speech therapy service is open to individuals with hearing impairment only.
 14. Is the service user a Hong Kong Society for the Deaf (HKSD) member?
 Yes (Membership No.: _____) No
Fees: HKSD members - HKD80/hr; Non-HKSD members - HKD160/hr; CSSA recipients - Waived
 15. Preferred location(s) for service
 Tseung Kwan O Multi Service Center
Address: 6/F, Sheung Mei House, Sheung Tak Estate, Tseung Kwan O, NT.
 New Territories Multi Service Center (Leung King)
Address: Unit 18-23, G/F, Leung Yin House, Leung King Estate, Tuen Mun, NT.
 16. Preferred time slot(s)
 Tuesday to Friday (AM PM) Saturday (AM PM)
 17. Where did you learn about our service?
 Family/Friends Social Worker Child Assessment Center Internet Others: _____

Applicant's Signature: _____ Date: _____

OFFICIAL USE ONLY (TO BE COMPLETED BY US)

Application form received on : _____ (Date)

Contacted by Clerk on : _____ (Date)

Eligibility for admission : Eligible Not Eligible

Reason for ineligibility : Not Hearing-impaired
 Non-Hong Kong Resident
 Others _____

Waitlisted due to full capacity at service center(s) (*TKO/NTC)

Waitlisted due to enrollment in other subvented ST service(s)