



H.K. S.K.H. Lady MacLehose Centre

SA 4
(Effective : 1.9.2000)
(Amended : 12.11.2007)

Program / Course Registration Form (For Members & Non- Members)

Activity Code :

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Program / Course Name	
Date	

	Name of Participants (Use Block Letters)	Age	Sex	Membership Number (Not Applicable for Non-Member)	Contact Telephone Number	Relationship with Participant No.1
1						
2						
3						
4						
5						

Address of Non-Member :	
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Remarks : Your personal information would only be reserved for the purpose of statistics, records of activities, and promoting other programs and courses to you. If you do not want to receive further information from our agency, or would like to check or revise your personal information, please make a relevant request in writing.

Signature of Participant : _____ Date : _____

If the applicant is below the age of 18 , please fill in the following information :					
Name of Guardian :	_____	Relationship :	_____	Contact Telephone :	_____
Signature of Guardian :	_____	Date :	_____	Fax Number :	_____

For Agency Official Use Only							
Fees	Adult			Children			Total
Member	HK\$	X	Person	HK\$	X	Person	HK\$
Non-Member	HK\$	X	Person	HK\$	X	Person	

Please mail the application form, a crossed cheque payable to "HK SKH Lady MacLehose Centre" with a self-addressed stamped envelope to the following address:
No.22, Wo Yi Hop Road, Kwai Chung, NT.
Please also remark the name of course/activity on the envelope for our easy reference.

Receipt Number : _____

Authorized Person / Date : _____

Remarks : _____

Agreement on the Use of Personal Information :

1. I understand and agree completely with HK SKH Lady MacLehose Centre in that the aim of gathering my personal information is base on my application for the Centre's services. I agree that this information can circulate to those staff(s) on need-to-know basis, so as to assist in my application for the Centre's services.
2. I understand that providing personal information to the Centre is voluntary. If I cannot provide adequate personal information, the Centre might not be able to handle the services application and delivery. I would be responsible for such delay in service delivery due to inadequate information.
3. I also understand that I should ensure the accuracy of the information I provided. If there is any change of this information I would be responsible to notify the Centre as soon as possible. Otherwise I would be responsible for any delay in service delivery caused by this undeclared change in information.
4. I also understand that if the service application involve the personal information of my family members, children, relatives, and friends, I should be responsible to obtain their approval.
5. I know that the personal information I provide would be destroyed 3 years after the service(s) ended.
6. Accept for those areas fall within the exemption stipulated in the Personal Information (Privacy) Act, I know I have the right to check and amend my personal information stored in the Centre through application. I understand that I can contact the Director of HK SKH Lady MacLehose Centre to make such enquiry and application: Address: No.22 Wo Yi Hop Road, Kwai Chung, NT, Contact Telephone Number: 24235265