

### 1. 學生資料 Student Information

學生姓名： (中文 Chinese) \_\_\_\_\_

Name of student: (英文 English) \_\_\_\_\_

相片

出生日期 Date of birth:

年齡 Age:

性別 Sex:

Photo

日 Day \_\_\_\_ 月 Month \_\_\_\_ 年 Year \_\_\_\_

\_\_\_\_ 歲 Years \_\_\_\_ 月 Months

男 M

女 F

身份證 HKID / 出世紙號碼 Birth Certificate: \_\_\_\_\_

就讀學校 School: \_\_\_\_\_ 年級 Year/ Grade: \_\_\_\_\_

上午校 am school

下午校 pm school

全日制 full day

中文學校 CMI

英文學校 EMI

國際學校 International

父親姓名 Name of father: \_\_\_\_\_ 手提電話 Mobile Tel: \_\_\_\_\_

母親姓名 Name of mother: \_\_\_\_\_ 手提電話 Mobile Tel: \_\_\_\_\_

住址 Home Address: \_\_\_\_\_

住宅電話 Tel(Home): \_\_\_\_\_ 電郵 E-mail: \_\_\_\_\_

學生有否被評為有特殊學習障礙?

Has the student been identified as having Specific Learning Disabilities (SLD)?  是 Yes  否 No

如經專業評估為特殊學習障礙者，請附上評估報告副本。

If yes, please attach a copy of the assessment report.

請提供有關你的子女的興趣、強項、特別需要和學習模式等資料，讓我們可以更有效地幫助他/她。

Please give any information regarding your child's interests, strengths, particular needs, and learning styles that might enable us to help him/her more effectively:

### 2. 一般資料 General Information

A. 本人 \*同意 / 不同意 心理學家給予子女零食作獎勵。

I \*agree / do not agree to the psychologist offering snacks to my child as rewards.

B. 你從哪裡得知本會的服務? Who referred you to our services?

衛生署 CAC  就讀學校 School  其他機構 Other organizations  私人轉介 Personal referral

私家醫生 Private practitioners  博思會宣傳刊物 Publicity materials

博思會網頁 Pathways website  博思會講座及活動 Pathways seminars or events

其他 Others (請註明 Please specify) \_\_\_\_\_

C. 本人願意透過以下途徑收取博思會資訊及公告。(可選擇多項)

I agree to receive news and notices from Pathways via the following channels. (You may choose multiple options)

Whatsapp - 父親手提 Father's mobile  Whatsapp - 母親手提 Mother's mobile

電郵 E-mail  郵寄 Mail

本人不願意收取博思會資訊及公告。 I do not agree to receive news and notices from Pathways.

請在適當的方格內加上“✓”號。 Please “✓” in appropriate boxes.

\*請刪去不適用者。

\* Please delete as appropriate.

請轉後頁 Please turn over →

### 3. 服務資料 Service Information

#### 服務收費

讀寫障礙及早識別評估

\$2,200 包括與家長講解評估結果及評估摘要

諮詢服務

每小時 \$1,100

**\*報名時須預先繳付\$200 按金。**

#### Service Fee

Assessment for early identification of dyslexia

\$2,200

(Including post-assessment briefing with parents and an assessment summary)

Consultation

\$1,100 per hour

**\*A deposit of \$200 has to be paid upon submitting application.**

#### 服務使用者同意書 Service User Consent Form

請在本會接受評估及輔導服務前，細閱本同意書。

Please read this statement carefully before you accept assessment and consultation services at Pathways.

#### 個人資料（私隱）條例

為了讓閣下在本會得到最適切的服务，我們會請你提供你的個人資料，並確保它們準確及完整。而這些資料會被本會有關職員作為記錄、評估、治療及督導等用途。

本會亦承諾對閣下的個人資料保密。若有需要向其他人士透露你的個人資料，必先徵求你的同意，除非：

- 隱藏/不透露這些資料會對閣下或其他人的身心健康或安全構成嚴重危害，或
- 法庭頒令，或法律上有所要求。

#### Personal Data (Privacy) Ordinance

In order to provide the services which best suit your needs, you are invited to provide complete and accurate personal data to Pathways. Personal information will be provided for the purpose of record, assessment, treatment and supervision, etc.

Pathways will not disclose your personal data to any third party without your prior consent, unless:

- Hiding / not disclosing this information could pose a serious hazard to the physical or mental health or safety of yourself or others.
- Permitted or required by law.

本人明白並願意遵守上述之細則以便接受服務。

I acknowledge that I have understood and am willing to abide by the above statement before accepting the service.

請將報名表格連同評估報告副本(如有)傳真、電郵或寄回

Please submit this form **with copies of assessment / reports (if any)** by fax, email or mail to

博思會學習中心

Pathways Foundation Learning Centre

傳真 Fax: 2870 1779 電郵 Email: info@pathways.org.hk

地址：九龍旺角新填地街 470 號海島中心一樓

Address: 1/F, Island Centre, 470 Reclamation Street, Mong Kok, Kowloon

博思會學習中心 (沙田)

Pathways Foundation Learning Centre (Shatin)

傳真 Fax: 3105 1414 電郵 Email: info@pathways.org.hk

地址：新界沙田顯徑邨顯富樓地下

Address: G/F, Hin Fu House, Hin Keng Estate, Shatin, N.T.

家長/監護人簽署

日期

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

請在適當的方格內加上“✓”號。

Please “✓” in appropriate boxes.

\*請刪去不適用者。

\* Please delete as appropriate.