

**Tung Wah Group of Hospitals**  
**Non-subsidized Homes for the Elderly**  
**Application Form**

Application No.: \_\_\_\_\_  
 (For office use only)

**Remarks :**  
 1. For enquiries, please contact the homes directly.  
 2. Please complete the application form and return to the most preferred home.  
 3. Please refer to Appendix II for Personal Information Collection Statement.

**A. Personal Particulars of Applicant**

Name : \_\_\_\_\_ (English) \_\_\_\_\_ (Chinese) Sex : \_\_\_\_\_ M/F  
 (Surname) (Name) (If applicable)

HK I.D. Card No. : \_\_\_\_\_ Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_

Residence Address : \_\_\_\_\_ Dialect Used : \_\_\_\_\_  
 \_\_\_\_\_ Telephone No. : \_\_\_\_\_

Correspondence Address \_\_\_\_\_ Day-time \_\_\_\_\_  
 (if applicable) : \_\_\_\_\_ Telephone No. : \_\_\_\_\_

1. How did you (or your relatives) know about our non-subsidized residential care services? (You may select more than one item)  
 our Community Services Centres       Medical Social Workers       friends       our website  
 other elderly services centres or Integrated Family Service Centres       others (please specified) : \_\_\_\_\_

2. Reason(s) of choosing our non-subsidized residential care services (You may select more than one item):  
 convenient location       trustable quality of services       others (please specified) : \_\_\_\_\_  
 reasonable price       good reputation and credibility

**B. Personal Particulars of Sponsor/Guarantor**

Name : \_\_\_\_\_ Sex : \_\_\_\_\_ M/F

Address : \_\_\_\_\_  
 \_\_\_\_\_

Tel. No. : \_\_\_\_\_

Pager/Mobile Phone No.: \_\_\_\_\_

Relationship with Applicant : \_\_\_\_\_

**C. Particulars of Referring Worker (if applicable)**

Name of Referer: \_\_\_\_\_

Post: \_\_\_\_\_ Tel. No. : \_\_\_\_\_

Name of Agency: \_\_\_\_\_  
 (if applicable)

Address : \_\_\_\_\_

**D. Location and Room Preference**

**Please put a '✓' in the appropriate box(es) (you may choose more than 1 room type) :**

**Jockey Club Blissful Villa**  
 (Address: 3/F-6/F, Jockey Club Sunshine Complex, 29 Nam Long Shan Road, Wong Chuk Hang, H.K. ; Tel: 2292 3456 ; Fax: 2292 3500)  
 3/F:  4 person Room (RCSV)\* [\*Applicable to Holders of Residential Care Service Voucher Scheme for the Elderly (RCSV) only]  
 4/F:  4 person Room       2 person Room       4 person Room (RCSV)\*       2 person Room (RCSV)\*  
 5/F:  2 person Room       Superior 2 person Room       Spacious Single Room  
 6/F:  2 person Room       Superior 2 person Room       Single Room       Spacious Single Room       Scenery Single room

**Women's Welfare Club Western District, Hong Kong Residential Care Home for the Elderly (Non-subsidized Section)**  
 (Address: No. 501, 5/F, Oi Sin House, Oi Tung Estate, Shau Kei Wan, H.K. ; Tel: 3156 2111 ; Fax: 3156 1456)  
 6 person Room       5 person Room       4 person Room       3 person Room       2 person Room

**D&M Wong Willow Lodge (Non-subsidized Section)**  
 (Address: 2/F, 18 Willow Street, Tai Kok Tsui, Kowloon, H.K. ; Tel: 2805 6673 ; Fax: 2805 6556)  
 6 person Room       4 person Room       2 person Room

**May Lodge cum Day Care Centre for the Elderly (Non-subsidized Section)**  
 (Address: 2/F, Carpark Floor High Level, Tai Wai Social Service Building, 1 Mei Tin Road, Tai Wai, Sha Tin, N.T. ; Tel: 2350 5200; Fax: 2350 5618)  
 8 person Room       4 person Room       2 person Room

**Chu Sau Cheung Nursing Home (Non-subsidized Section)**  
 (Address: Unit 302, 3/F and Unit 401, 4/F, Ancillary Facilities Block, Cheung Sha Wan Estate, 391 Cheung Sha Wan Road, Kowloon; Tel: 2467 2200; Fax: 2467 2020)  
 6 person Room

**E. Residential Respite Service**

Residential Respite Service (Expected stay period, please specify: \_\_\_\_\_)

**F. Declaration**

1. I certify that the above information is true and complete.
2. I consent to release my personal particulars, medical examination result and Standardised Care Need Assessment Mechanism for Elderly Services assessment (if applicable) to the T.W.G. Hs, or to accept the arrangement of Standardised Care Need assessment (if applicable) for me, or to check my RCSV status in the SWD online Voucher Information System for the Elderly (if applicable), for consideration of my above application.
3. I have read the Guidance Notes of Non-subsidized Homes for the Elderly (Appendix I) and understand its content.
4. To provide residential respite service for the needy elders so as to allow their caregivers to have a break and be more able to continue taking up this role.
5. I  agree     object to Tung Wah's using my personal data for the future contact, fund-raising, promotion/training or collection of opinions.  
 (Please put a "✓" in the box if appropriate.)

Date : \_\_\_\_\_ Signature of Applicant : \_\_\_\_\_