

Christian Family Service Centre  
Cheerful Place - District Support Centre (Kwun Tong East)

Registration form  
(Fax : 2304 4029)

Or return to  
8/F., Kai Nang Integrated Rehabilitation Services Complex,  
4 Fuk Tong Road, Kwun Tong, Kowloon by post

For office use  
only :

Paid

Unpaid

DSC/\_\_\_\_\_

Name of Referrer : \_\_\_\_\_ Source of referral : \_\_\_\_\_  
Date of application : \_\_\_\_\_ Contact Number : \_\_\_\_\_

I would like to apply the following service(s) :

Social & recreation Activities       Group training programme

Speech therapy     Occupational therapy     Physiotherapy

Respite service     Escort Service

Clinical psychological services       Day care service

Others : \_\_\_\_\_

Name of applicant : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Gender : \_\_\_\_\_

Guardian's Name (If applicable) : \_\_\_\_\_

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

Contact Number : \_\_\_\_\_(Home)      \_\_\_\_\_(Mobile)

Type of disability :  Intellectual disability     Physical disability     Visual  
Impairment     Hearing Impairment     Mental Illness     Others : \_\_\_\_\_

If your centre cannot provide services immediately, I agree / disagree to  
authorize your centre to use my personal information for services referral.  
(\*Please delete as appropriate)

Applicant / Guardian's Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Remark : All information will be kept confidential and to be used for providing services only. Please contact  
our social worker if you would like to amend the personal information.