

## Community Care Fund Pilot Scheme on Subsidised Cervical Cancer Screening and Preventive Education for Eligible Low-income Women Application Form

**Important Notes to the Applicant:**

1. This application form should be given to you together with the "Guidance Notes for Applicants for the Community Care Fund Pilot Scheme on Subsidised Cervical Cancer Screening and Preventive Education for Eligible Low-income Women and Personal Information Collection Statement" (the "Guidance Notes").
2. You should read carefully the Guidance Notes before submitting an application.
3. Please complete this form in BLOCK LETTERS using black or blue ink and sign your initials next to any amendment made.

<b>Part I Personal Particulars of Applicant (* Name must be identical to the name appearing in the Hong Kong Identity Card)</b>							
*Chinese Name: _____ *English Name: _____ Date of Birth: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Age: _____ <small style="margin-left: 40px;">d d m m y y y y</small> Hong Kong Identity Card (HKIC) No.: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ( ) (Please show the original HKIC to Service Providers) Mailing Address (Hong Kong): _____ Daytime telephone no. (Hong Kong): _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 2px;">OFFICIAL USE ONLY</th> </tr> <tr> <td style="padding: 2px;">Symbol on HKIC</td> </tr> <tr> <td style="padding: 2px;">A <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">C <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">R <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">U <input type="checkbox"/></td> </tr> </table>	OFFICIAL USE ONLY	Symbol on HKIC	A <input type="checkbox"/>	C <input type="checkbox"/>	R <input type="checkbox"/>	U <input type="checkbox"/>
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<b>Part II Cervical Cancer Screening History of Applicant</b> (Please put a "✓" in the appropriate box(es))
<input type="checkbox"/> I have never received cervical cancer screening (also named cervical smear / pap smear). <input type="checkbox"/> My last screening/ smear was done in _____ (Month) _____ (Year). The result was <input type="checkbox"/> normal / <input type="checkbox"/> abnormal.

**Part III Assistance received by Applicant**

Please "✓" the appropriate box and provide the original copy of the corresponding documentary proof for verification and record purposes.	OFFICIAL USE ONLY		
	Ref No.:	Valid Date	Signature
<input type="checkbox"/> Comprehensive Social Security Assistance (CSSA) Certificate of CSSA Recipients (for Medical Waivers)			
<input type="checkbox"/> Level 0 voucher under the Pilot Scheme on Residential Care Service Voucher for the Elderly Certificate of Level 0 Voucher Holder of the Pilot Scheme on Residential Care Service Voucher for the Elderly (for Medical Waivers)			
<input type="checkbox"/> Waiver of medical charges under the medical fee waiving mechanism of public hospitals and clinics Certificate for Waiver of Medical Charges			
<input type="checkbox"/> Old Age Living Allowance (OALA) Certificate of Old Age Living Allowance Recipients (for Medical Waivers) <b>OR</b>			
Bank Books or Bank Statements showing receipt of the OALA by bank transfer in the last three consecutive months	Bank Account No.:		

(If the name of Applicant is not shown in the following documentary proof, please provide proof of household or family member relationship.)	OFFICIAL USE ONLY		
<input type="checkbox"/> Low-income Working Family Allowance Low-income Working Family Allowance Scheme - Notification of Application Result for the past 12 months			
<input type="checkbox"/> Work Incentive Transport Subsidy Work Incentive Transport Subsidy Scheme - Notification of Application Results for the past 12 months			
<input type="checkbox"/> Having household member(s) granted subsidy/remission under the School Textbook Assistance Scheme or the Kindergarten and Child Care Centre Fee Remission Scheme Household Application for Student Financial Assistance Schemes - Notification of Result for the current school year			

**Part IV Declaration and Undertaking for Application of Community Care Fund Pilot Scheme on Subsidised Cervical Cancer Screening and Preventive Education for Eligible Low-income Women**

1. I (applicant of the Community Care Fund Pilot Scheme on Subsidised Cervical Cancer Screening and Preventive Education for Eligible Low-income Women (The "Pilot Scheme")) hereby declare that I am the holder of the Hong Kong Identity Card as described in Part I of this Application Form.
2. I have carefully read/have been read and explained the "Guidance Notes for Applicants for the Community Care Fund Pilot Scheme on Subsidised Cervical Cancer Screening and Preventive Education for Eligible Low-income Women" and the Personal Information Collection Statement therein and fully understand the contents.
3. I agree to submit my application for the Pilot Scheme.
4. I hereby authorise and give consent to the Service Provider of the Pilot Scheme, the Secretariat of the Community Care Fund, the Community Care Fund Task Force under the Commission on Poverty and relevant bureaux/ departments of the Hong Kong Special Administrative Region Government ("the Government") to collect, use and disclose my data to any person, including the personal data they hold about me, to process the application submitted by me for the Pilot Scheme (including ascertaining whether I fulfil the eligibility criteria under the Pilot Scheme) and for the purposes mentioned in paragraph 1 of the Personal Information Collection Statement as may be amended from time to time. Such bureaux/ departments include, but are not limited to the Department of Health, Food and Health Bureau, Home Affairs Bureau, Immigration Department, Labour Department, Labour and Welfare Bureau, Social Welfare Department and Working Family and Student Financial Assistance Agency. I understand that the eligibility checking procedure is intended to ascertain whether I am eligible under the Pilot Scheme; I will not receive the cervical cancer screening and preventive education under the Pilot Scheme if I do not fulfill the eligibility criteria. I understand and consent to the Service Provider of the Pilot Scheme fully examining my application when processing the application or after I have received the cervical cancer screening and preventive education for ascertaining whether the information given by me is true, complete and correct.
5. I will fully cooperate with the Service Provider of the Pilot Scheme, including providing any document or information should the Service Provider so request. If complete document or information is not provided as required by the deadline as specified in the request, the Service Provider of the Pilot Scheme has the right to disqualify my application, and/or, if I have received the cervical cancer screening and preventive education, request me to pay an amount equivalent to the subsidy of the Community Care Fund for my cervical cancer screening and preventive education under the Pilot Scheme and I shall pay such amount as requested by such deadline as specified by the Service Provider.
6. I understand the Pilot Scheme only subsidises the cervical cancer screening and preventive education. Other expenses incurred such as medication, cost incurred from subsequent referral for medical treatment or additional check up are not covered by the subsidy under the Pilot Scheme.
7. I consent and authorise the Service Provider of this Pilot Scheme to access and read my screening record recorded in the Cervical Screening information System of the Department of Health (if applicable), and with the information provided by me, to verify my eligibility criteria under this Pilot Scheme.
8. I hereby declare that all information provided in this Application Form and other information submitted under the Pilot Scheme is true and correct. I understand that it is an offence to obtain property or pecuniary advantage by deception.

Name of Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_  
 (in BLOCK LETTERS) (or thumbprint if applicable)

Date : \_\_\_\_\_

**To be completed by staff of Service Provider if thumbprint is given by the applicant as signature**

Name of Witness(in BLOCK LETTERS): \_\_\_\_\_ Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**Part V (To be completed by the medical or nursing staff of the Service Provider)**

- This Service Provider (Please "✓" the appropriate box(es))
- has checked against the Cervical Screening Information System of the Department of Health to verify the screening history of the applicant; and
  - has assessed the applicant  eligible /  not eligible to join the Pilot Scheme.

Official Chop of  
Service Provider

\_\_\_\_\_  
Name and Signature of the medical or nursing staff of Service Provider

Date: \_\_\_\_\_

**Guidance Notes for Applicants for the Community Care Fund Pilot Scheme on  
Subsidised Cervical Cancer Screening and Preventive Education for Eligible Low-income Women**

**1. Community Care Fund Pilot Scheme on Subsidised Cervical Cancer Screening and Preventive Education for Eligible Low-income Women (the “Pilot Scheme”)**

- (a) The Pilot Scheme is subsidised by the Community Care Fund to provide cervical cancer screening and preventive education to eligible low-income women. The Department of Health is the implementing agency of this Pilot Scheme.
- (b) The Service Providers of the Pilot Scheme are:
  - Centre of Research and Promotion of Women's Health (CRPWH) of the Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong;
  - The Family Planning Association of Hong Kong (FPAHK); and
  - United Christian Nethersole Community Health Service (UCN) of United Christian Medical Service.
- (c) An applicant needs to fulfil the clinical and financial eligibility criteria as set out in Item 2 below, which are to be assessed by the Service Provider of the Pilot Scheme.

**2. Eligibility Criteria of Applicant:**

- (a) An applicant must be a holder of a valid Hong Kong Identity Card; and
- (b) An applicant must fulfil the clinical eligibility based on the below recommendations for cervical cancer screening :
  - Cervical cancer screening is for women who have had sex and have no symptom of cervical cancer;
  - Women aged 25 to 64 years should be screened every three years if the first two yearly screens are normal;
  - Women aged 65 years or above who have never had cervical cancer screening should receive screening;
  - Women aged 65 years or above may discontinue screening if all routine smears within the past 10 years are normal;
  - Women aged 21 to 24 years and have risk factors for cervical cancer (such as multiple sexual partners, smoking, weakened immunity) should be assessed by a doctor for the need for screening;
  - Women who have hysterectomy with removal of cervix for benign diseases and without prior history of cervical changes can discontinue screening; and
- (c) An applicant must be a beneficiary of one or more of the following assistance and fulfil the below criteria :
  - (i) Receiving Comprehensive Social Security Assistance; or
  - (ii) Holding Level 0 Voucher under the Pilot Scheme on Residential Care Service Voucher for the Elderly; or
  - (iii) Receiving waiver of medical charges under the medical fee waiving mechanism of public hospitals and clinics.

An applicant fulfilling 2(a), 2(b) and 2(c)(i)-(iii) above is eligible to receive **free** cervical cancer screening and preventive education under the Pilot Scheme.

**OR**

- (iv) Be granted Low-income Working Family Allowance for the past 12 months; or
- (v) Be granted Work Incentive Transport Subsidy for the past 12 months; or
- (vi) Having household member(s) granted subsidy/remission under the School Textbook Assistance Scheme or the Kindergarten and Child Care Centre Fee Remission Scheme in the current school year ;or
- (vii) Receiving Old Age Living Allowance (OALA)\*.

An applicant fulfilling 2(a), 2(b) and 2(c)(iv)-(vii) above is eligible to receive cervical cancer screening and preventive education under the Pilot Scheme at the charge of **HK\$100**.

\*Holders of Certificate of OALA Recipients (for medical waivers) are exempted from payment.

**3. Application Procedures:**

- (a) An applicant must complete and sign the Application Form and provide all information requested therein. If the applicant fails to provide the required information and supporting documents, her application will not be considered.
- (b) An applicant should ensure accuracy of the information provided.
- (c) An applicant must register with the Cervical Screening Programme of the Department of Health for the purpose of recording and storing her personal particulars, smear results and the recommended date of the next screening in the Cervical Screening Information System.

#### 4. Processing Application:

- (a) To process the application, the Service Provider will check the information submitted by the applicant to assess the eligibility of the applicant. The Service Provider may seek clarifications or supplementary information from the applicant when necessary.
- (b) While processing applications or after providing cervical cancer screening and preventive education, the Service Provider or the Government may conduct random checks on some cases for audit purpose. Applicants will be requested to submit supplementary information for verification when necessary. If a Service Provider discovers that a recipient of the subsidised cervical cancer screening and preventive education has provided false information or other irregularities, such recipient will be requested to pay the Service Provider an amount equivalent to the subsidy of the Community Care Fund for the provision of cervical cancer screening and preventive education under the Pilot Scheme.

#### 5. Details of the Pilot Scheme:

Please visit the website of Community Care Fund ([www.communitycarefund.hk](http://www.communitycarefund.hk)) and the website of Cervical Screening Programme under the Department of Health ([www.cervicalscreening.gov.hk](http://www.cervicalscreening.gov.hk)) or call the 24-Hour Health Education Hotline of the Department of Health at 2833 0111 for more details.

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### Personal Information Collection Statement

#### Purposes of Collection

1. The Service Provider of this Pilot Scheme, the Secretariat of the Community Care Fund, the Community Care Fund Task Force under the Commission on Poverty and relevant bureaux/departments of the Hong Kong Special Administrative Region Government (“the Government”)(including but not limited to the Department of Health, Food and Health Bureau, Home Affairs Bureau, Immigration Department, Labour Department, Labour and Welfare Bureau, Social Welfare Department and Working Family and Student Financial Assistance Agency) will use the personal data collected in this Pilot Scheme (“the Data”) for the following purposes and any related purposes:
  - (a) For processing your application for cervical cancer screening and preventive education under the Pilot Scheme and making contact with you when necessary;
  - (b) For matching the personal data as held by the Government with the Data provided by you for ascertaining whether you are eligible for the Pilot Scheme;
  - (c) For conducting checking and investigation related to your application for joining the Pilot Scheme and the service you received under the Pilot Scheme;
  - (d) For follow-up treatment and medical record;
  - (e) For service evaluation, research and statistical purposes, on the condition that the resulting statistics or evaluation/research results will not be made available in a form to identify the data subjects or any of them;
  - (f) For conducting opinion survey with you;
  - (g) For communication with you in case of enquiry or complaint; and
  - (h) For any other purposes as may be required or permitted by law.
2. The provision of personal data by you, including consent to the Service Provider to photocopy documents provided by you for record purpose, is entirely voluntary. However, if you do not provide sufficient information and accurate data, the Service Provider may not be able to process your application and may eventually disqualify your eligibility for the application.

#### Classes of Persons to Whom the Data may be Transferred

3. The Service Provider may transfer the Data of you to the Secretariat of the Community Care Fund/Community Care Fund Task Force under the Commission on Poverty and/or relevant bureaux/departments of the Government, including but not limited to the Department of Health, Food and Health Bureau, Home Affairs Bureau, Immigration Department, Labour Department, Labour and Welfare Bureau, Social Welfare Department, Working Family and Student Financial Assistance Agency and other parties mentioned in Part IV of the Application Form.

#### Access to Personal Data

4. In accordance with the Personal Data (Privacy) Ordinance (Cap. 486), you have the right to request access to and correction of your Data. The right of access of you includes the right to obtain a copy of your Data subject to the payment of a fee. Request for access to and/or correction of personal data should be addressed to your Service Provider:

CRPWH	Rm 421-425, Lek Yuen Health Centre, 9 Lek Yuen Street, Shatin (Attn. Centre Manager)
FPAHK	10/F, Clinic Office, Southorn Centre, 130 Hennessy Road, Wanchai (Attn. Clinic Manager)
UCN	L1, KEC Administrative Building, No. 2 Po Ning Lane, Hang Hau, Tseung Kwan O (Attn. Corporate Communications and Public Relations Division)