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

Program/ Course Registration Form

（For members & Non- Members）

SA 4
（Effective date：1.9.2000）
（Revised date：1.7.2025）

Activity Code：											

Program/ Course Name		Program/ Course Date	

	Name of Participants （Use Block Letters）	Age	Gender	Membership no. (Not Applicable for Non- Member)	Contact no.	Relationship with Participant No. 1	Fee $ (Member)	Fee $ (Non- Member)
1								
2								
3								
4								
5								

Form Filling Date：_____ Total Fee $

Address of Non- Member：	

Remarks: Your personal information will only be used for agency statistics, record and promotion.
(If you do not wish to receive information from our organization or need to access or correct your personal data, please notify us in writing.)

Application Confirmation:	**I have read and agree to the attached 'Disclaimer', 'Consent for Use of Personal Data', and 'Non-Objection Notice'.**

Signature of Participants:
If applicant is under 18, signature and information of parents/ guardian are required at the right column.）

		* Name of parent/ guardian	Relationship	Contact no.
Participant(1)	_____	_____	_____	_____
Participant(2)	_____	_____	_____	_____
Participant(3)	_____	_____	_____	_____
Participant(4)	_____	_____	_____	_____
Participant(5)	_____	_____	_____	_____
		* Please delete as appropriate		

Registration via mail：

Please post this form, together with the crossed cheque & self-addressed stamped envelope, with the written name of the course/ activity on the envelope, to the centre, No.22, Wo Yi Hop Road, Kwai Chung, N.T.

Agency only accepts cheque payable attention to:
*****1.” HKSKH Lady MacLehose Centre “or
*****2.” H.K.S.K.H. Lady MacLehose Centre”
*****1 or 2 is accepted by the bank. The full name is as follows：
“H.K.S.K.H. Lady MacLehose Centre, wholly owned By Hong Kong Sheng Kung Hui Welfare Council Limited”

For Agency Only

Receipt no. ：	Staff／Date：	Remarks：

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Attachment

Disclaimer：

Applicant or his/her guardian is responsible to make sure the mental and physical status of applicant is capable to attend the applied course & activity and follow the regulation of the agency. Applicant should declare his/her health and physical ability are suitable to attend the above-mentioned course/activity.

While undergoing the course/activity, in case of any personal loss of property or casualties that are caused by irresponsible behaviors, personal negligence, mental and health or related inability of applicant, agency will not take the responsibility.

I have read, understood and accepted the above statement of responsibility in applying the course/activity.
I hereby agree to participate the course/activity, and understand I/ the person under my guardianship have to follow the regulation of agency.

Consent for Use of Personal Data:

1. I fully understand and agree that H.K.S.K.H. Lady MacLehose Centre collects my personal data for the purpose of my application for services from the organization. I agree that this information may be shared with staff who need to know such information in order to assist me with my application for the organization's services.
2. I understand that providing personal data to the organization is voluntary. If I fail to provide sufficient personal data, the organization may be unable to process my application for the relevant services. I will be responsible for any delays in service provision caused by insufficient information.
3. I also understand that I must ensure the information provided is accurate. If any changes to the information, I am responsible for notifying the organization as soon as possible; otherwise, I will be responsible for any delays in service provision caused by inaccuracies in the information provided.
4. I understand that if the services I am applying for involve the use of personal data of my family members, children, relatives, or friends, I am responsible for obtaining their consent.
5. I understand that the personal data provided will be destroyed three years after the termination of the service.
6. Except for specific exemptions under the Personal Data (Privacy) Ordinance, I understand that I have the right to request access to and correction of my personal data held by the organization. I understand that I can contact the inquiry office to make such requests and inquiries.

Non-Objection Notice: (Applicable to non-members only)

☐ I have read and understood the 'Collection of Personal Data for the Purpose of Service Promotion in accordance with the Personal Data (Privacy) Ordinance (Non-Objection Notice)

☐ I do not object to the H.K.S.K.H. Lady MacLehose Centre using my personal data provided, including my name, phone number, address, email (if available), and fax (if available), for the purposes of service promotion, communication, fundraising, volunteer recruitment, and collecting feedback. <My correspondence address: _____.>

Refusal to Receive Mailed Publications

☐ I refuse to receive written communication materials from the H.K.S.K.H. Lady MacLehose Centre.

Name：_____ Signature：_____ Date：_____