



# CHILDREN'S KIDNEY FUND

## 兒童腎病基金

九龍旺角彌敦道677號旺角恆生銀行大廈803室

Room 803, Hang Seng Bank Mongkok Building, 677 Nathan Road, Mongkok, Kowloon

Tel : 2 3 6 9 4 9 2 8

Website: <http://www.childrenkidneyfund.org.hk>

### 『新冠狀病毒防護資助計劃』

#### Anti-Coronavirus Programme Subsidy

#### 資助費用申請表格

#### Application Form

請於醫生簽名推薦後，將填妥表格電郵至 [info@childrenkidneyfund.org.hk](mailto:info@childrenkidneyfund.org.hk)。正本請郵寄至以上地址

Please email the completed form, with recommendation properly signed by the case doctor, to [info@childrenkidneyfund.org.hk](mailto:info@childrenkidneyfund.org.hk). For hard copy applications, please send the documents to the captioned address by post.

此項資助乃特為2020年香港發生由新冠狀病毒引致的疫情而設，旨在津貼年齡於21歲以下，患有末期腎衰竭或經腎臟移植的兒童，購買所需衛生防護用品，包括外科手術口罩、酒精搓手液及其他消毒用品等。資助形式為港幣500元定額津貼，每病童只可申請一次，最後申請日期為2020年5月31日。

This is a special subsidy to support children kidney patients, who are under the age of 21 suffering from end-stage renal failure or had undergone kidney transplantation, in their purchase of health protection materials which include surgical face masks, sanitizers, etc. during the epidemic caused by new coronavirus in Hong Kong in 2020. Nature of the subsidy is a lump sum grant of HK\$500 and only one application is allowed. Last day for the application is 31 May 2020.

#### 1. 申請人 (病童) 資料

##### Information on Applicant (Patient)

姓名： (中)

Name: Chinese \_\_\_\_\_

(英)

English \_\_\_\_\_

性別： \_\_\_\_\_

Sex \_\_\_\_\_

出生日期: \_\_\_\_\_

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

出生證明書 / 身份證號碼\* (請刪去不適用者):

Birth Certificate / Identity Card No. \* (Delete as Inappropriate) \_\_\_\_\_

居住地址：

Residential Address \_\_\_\_\_

電話：

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

## 2. 申請人父母／監護人資料

### Information on Parent / Guardian

姓名： (中) \_\_\_\_\_ 性別： \_\_\_\_\_  
Name: Chinese \_\_\_\_\_ Sex \_\_\_\_\_  
(英) \_\_\_\_\_ 身份証號碼： \_\_\_\_\_  
English \_\_\_\_\_ Identity Card No. \_\_\_\_\_

與申請人關係： \_\_\_\_\_  
Relationship with Applicant \_\_\_\_\_  
聯絡地址： \_\_\_\_\_  
Contact Address \_\_\_\_\_

聯絡電話：(日) \_\_\_\_\_ (夜) \_\_\_\_\_  
Tel. No. Daytime \_\_\_\_\_ Evening \_\_\_\_\_

## 3. 轉介醫生聲明

### Declaration of Referring Doctor

申請人所患疾病： \_\_\_\_\_  
Sickness of Applicant \_\_\_\_\_

**茲證明上述申請人為末期 腎病患者\*/腎臟移植者\* (請刪去不適用者)，需購置衛生裝備以防禦新冠狀病毒。**

**This is to certify that the Applicant is an end stage renal patient\*/post-kidney transplanted patients\* (please delete as appropriate) and will require the purchase of the above materials for protection against new coronavirus.**

轉介醫生姓名： (中) \_\_\_\_\_ 簽署： \_\_\_\_\_  
Name of Referring Doctor Chinese \_\_\_\_\_ Signature \_\_\_\_\_  
(英) \_\_\_\_\_ 轉介日期： \_\_\_\_\_  
English \_\_\_\_\_ Date of Referral \_\_\_\_\_

所屬醫院： \_\_\_\_\_  
Name of Hospital \_\_\_\_\_  
聯絡地址： \_\_\_\_\_  
Address \_\_\_\_\_  
電話： \_\_\_\_\_  
Tel. No. \_\_\_\_\_

#### 4: 申請人聲明

##### Applicant's Declaration

茲証實上述資料無誤。

I declare that the above information is rightful and correct.

申請人(年齡十二歲以上者) 簽署 :

Signature of Applicant (For age 12 or above) \_\_\_\_\_

父母 / 監護人簽署 :

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

收款人 (基金發放支票抬頭人) 姓名 :

Name of Cheque Recipient \_\_\_\_\_

簽署式樣 :

Specimen Signature \_\_\_\_\_

申請日期 :

Date of Application \_\_\_\_\_

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#### 以下由基金工作人員填寫 (For Office Use Only) :

收件日期 :

Received Date \_\_\_\_\_

收件人簽署 :

Signature of Receiving  
Officer \_\_\_\_\_

核准人簽署 :

Approved by \_\_\_\_\_

日期 :

Date \_\_\_\_\_

日期 :

Date \_\_\_\_\_

日期 :

Date \_\_\_\_\_

檔案編號 :

Reference No. \_\_\_\_\_

撥款資助日期 :

Subsidy Date \_\_\_\_\_

備註 :

Remarks \_\_\_\_\_

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#### 附註 NOTES :

申請於批核後，本基金會將港幣500元支票寄往收款人住址。申請人不用呈交任何購買收據，於收妥支票後將簽收回條寄返基金入賬即可。

A cheque of HK\$500 will be sent to the Cheque Recipient by post. There is no need for the submission of purchase receipts. Instead, an applicant will be requested to sign the reply slip for the receipt of subsidy and return it to CKF for auditing and record purpose.