

香港乳癌基金會
安可待®腫瘤基因表現檢測 資助計劃
Hong Kong Breast Cancer Foundation
Oncotype DX® Breast Recurrence Score
Financial Assistance Programme
Application Form

申請人資料 Personal Particulars

| | | | |
|---|--|---|--|
| 姓名 Name (英文 English): _____ | | (中文 Chinese): _____ | |
| 香港身份證號碼 HKID card no.: _____ | | 性別 Sex: <input type="checkbox"/> 女性 Female <input type="checkbox"/> 男性 Male | |
| 出生日期 Date of Birth (日 DD/月 MM/年 YYYY): _____ | | | |
| 聯絡電話 Tel. No.: _____ | | 電郵地址 Email: _____ | |
| 地址 Address: _____ _____ | | | |
| 職業 Occupation: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> 專業人士 Professional</div> <div><input type="checkbox"/> 文職 Clerical</div> <div><input type="checkbox"/> 勞動業 Labor</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> 自僱人士 Self-employed</div> <div><input type="checkbox"/> 家庭主婦 Housewife</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> 退休人士 Retired</div> <div><input type="checkbox"/> 待業/失業 Unemployed</div> </div> | | | |
| 婚姻狀況 Marital status: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> 未婚 Single</div> <div><input type="checkbox"/> 已婚 Married</div> <div><input type="checkbox"/> 喪偶 Widowed</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> 離婚/分居 Divorced/Separated</div> <div><input type="checkbox"/> 其他 other</div> </div> | | | |

年度個人收入 Annual Individual Income

(包括定期收取的酬金、佣金、租金收入等)

(Including allowance received regularly, commission, rental income)

| 申請人資料 Particulars of applicant | | | | |
|-----------------------------------|-----------|-----------|---|--|
| 姓名 Name | 年齡 Age | 性別 Sex | 職業(如適用) / 收入來源 Occupation / sources of income (if applicable) | 平均年度收入(港元) Average income/yr (HK\$) |
| | | | | |
| | | | | |
| | | | | |

*過去12個月內，個人平均每月總收入最高限額必須不超過港幣\$18,400。

* The maximum average monthly individual income must not exceed HK\$18,400 in the past 12 months.

其他資料 Other Information

您有否購買任何賠償藥費開支的保險？ Do you have insurance coverage on your medication cost?

☐ 沒有 No

☐ 有 (請註明保險公司賠償的藥費開支詳情)

Yes (please state details of medication cost covered by your insurance company)

如申請人為待業或失業人士，請寫下失業原因或提供相關的失業證明文件：

If the applicant is unemployed, please state reasons of unemployment or provide documentary proof of unemployment:

聲明 Declaration

本人為於香港接受癌症初部治療的乳癌病人。本人批准香港乳癌基金會查閱本人提供的資料，以確保所有資料均為完整及正確無誤，並可以電話或郵件就此項計劃與本人聯絡。本人聲明上述填報資料及所提供的相關證明文件均屬真確無誤。有關本人申請此項計劃的資料如有所更改，本人需主動聯絡香港乳癌基金會。本人了解在申請此項計劃所提供的一切資料，只作評核申請資格處理及改善此項計劃的用途。本人了解申請人可隨時取消有關申請，並拒絕香港乳癌基金會進一步查閱本人的資料。本人了解香港乳癌基金會有權要求申請人提供進一步資料和證明文件、約見申請人及其家人、進行家訪，或聯絡申請人的主診醫生或醫療保險公司，索取進一步資料。本人了解香港乳癌基金會保留審批申請的最終決定權，並可以拒絕任何申請而無須給予任何理由。

I am a breast cancer patient who received primary cancer treatment in Hong Kong. I give Hong Kong Breast Cancer Foundation (HKBCF) permission to check my information to make sure it is true and complete and contact me by mail or phone about the Program. I declare that all the information in this application, including all copies of documents proving my income is true and complete. I will contact HKBCF if any of my information relevant to this application changes. I understand that the Program will only use my information to decide if I qualify to participate in the Program, administer or improve the Program. I understand that I can at any time withdraw from the Program, and cancel my permission to HKBCF for further validation of my information provided. I understand that HKBCF may request further information and supporting documents from applicant, interview applicant and household members, visit applicant's household, contact applicant's doctor-in-charge or medical insurance agents for more information. I understand that HKBCF shall vet all applications; reserves the right for final decision and to decline any application without providing any reason.

申請人簽署 Applicant's Signature: _____

日期 Date: _____

注意事項 IMPORTANT NOTICE

請在遞交此申請表前，檢查你是否 **Before you mail this application, make sure you:**

- | | |
|--|--|
| <input type="checkbox"/> 已填妥本申請表格 | Completed application form |
| <input type="checkbox"/> 附上醫生轉介信正本 | Attach original copy of Doctor's Referral Letter |
| <input type="checkbox"/> 附上身分證副本 | Attach photocopy of your HKSAR identity card |
| <input type="checkbox"/> 附上個人入息證明文件副本 | Attach photocopy of financial proof of individual income |
| <input type="checkbox"/> 附上綜合社會保障援助通知書 | Attach photocopy of notification letter of Comprehensive Social Security Assistance (CSSA) |

請郵寄至：

香港乳癌基金會

香港北角木星街 9 號永昇中心 22 樓

(信封面請註明「安可待®腫瘤基因表現檢測 資助計劃」)

Mail to:

Hong Kong Breast Cancer Foundation

22/F, Jupiter Tower, 9 Jupiter Street, North Point, Hong Kong

(Please mark "**Oncotype DX® Breast Recurrence Score Financial Assistance Programme**" on the envelope.)

申請人須知：

- 如有需要，香港乳癌基金會有權要求申請人提供進一步資料和證明文件、約見申請人及其家人、進行家訪，或聯絡申請人的主診醫生，索取進一步資料。
- 香港乳癌基金會必定根據《個人資料(私隱)條例》所載的保障資料原則嚴謹行事，確保申請人的個人資料絕對保密。
- 香港乳癌基金會保留審批申請的最終決定權，並可以拒絕任何申請而無須給予任何理由。

Notes to Applicants:

- HKBCF may request further information and supporting documents from applicant, interview applicant and household members, visit applicant's household, contact applicant's doctor-in-charge.
- All personal information collected will be treated in strictest confidence and in accordance to the Personal Data (Privacy) Ordinance.
- HKBCF shall vet all applications; reserves the right for final decision and to decline any application without providing any reason.