



基督為本基金【誠心所願】申請/推薦表格

BROTHERS AND SISTERS IN CHRIST FOUNDATION

"PROJECT AMEN" APPLICATION /REFERRAL FORM

本基金的【誠心所願】服務接受各界人士申請，包括：（1）圓願者本人（2）圓願者的直系親屬（3）圓願者的主診醫生、醫護人員或社工。請以電郵或郵寄形式交回表格。如有查詢，敬請電郵至 info@basicfoundation.org.hk 或致電 (852) 2882 6328

Brothers And Sister In Christ Foundation accepts application or referral by (1) the wisher (2) wisher's immediate family or (3) wisher's doctor or medical professionals or social worker in charge. Please return the completed form by post or email. For inquiries, please send email to info@basicfoundation.org.hk or call (852) 2882 6328.

【第一部份】個人資料、聯絡資料及願望

圓願者姓名：中文 _____ 英文 English _____ 年齡：_____ 性別：_____

身份證號碼（英文及首四位數字）：_____ 出生日期（dd/mm/yyyy）：____ / ____ / ____

住宅電話：_____ 手提電話：_____ 電郵：_____

住址：_____

婚姻狀況：☐ 未婚 ☐ 已婚 ☐ 離婚/喪偶 子女數目：☐ 沒有 ☐ 有：人數 _____

教育程度：☐ 小學或以下 ☐ 中學 ☐ 大專或學士以上

現時 / 過往職業：_____

宗教信仰： ☐ 沒有 ☐ 基督教 ☐ 天主教 ☐ 佛教 ☐ 伊斯蘭教 ☐ 其他：_____

居住情況：

☐ 獨居 ☐ 與家人同住 ☐ 安老院舍 ☐ 醫院

☐ 其他：_____

圓願者現時是否患重病 (Critical illness)

☐ 是 Yes (請註明 Please Specify) : _____

☐ 否 No

聯絡人資料 (需為直系親屬 或 監護人 或 轉介社工)

Contact person information (Immediate family or guardian)

	聯絡人 Contact Person		機構轉介人 (如適用) Referee (if applicable)
中文姓名 Chinese Name		姓名 Name	
英文姓名 English Name		所屬機構 Affiliation	
住宅電話 Home Tel. No.		所屬職位 Position	
手提電話 Mobile No.		聯絡電話 Contact No.	
電郵 Email		電郵 Email	
與圓願者 關係 Relationship with Wisher		與圓願者 關係 Relationship with Wisher	

如遇有緊急情況，請聯絡：In case of emergency, please contact：

☐ 聯絡人 Contact Person

☐ 機構轉介人 Institutional Referee



個案編號 (只供職員填寫) :

圓願者的願望性質 The wish nature of wisher:

- | | | |
|--------------------------|--------------|--|
| <input type="checkbox"/> | 共敘天倫：與家人共聚同遊 | Time with Family |
| <input type="checkbox"/> | 印記傳承：製作生命故事冊 | Legacy: Publish Life Story Book |
| <input type="checkbox"/> | 舒心放下：完成未了心願 | Peace of Mind: Complete unfulfilled wishes |
| <input type="checkbox"/> | 落葉歸根：返回家鄉 | Back to Roots: Back to hometown |

詳細願望（如原因、地點及其他相關內容）

Please describe in detail regarding the wish of the wisher, including reasons, venue and people related, etc.

[illegible]

【第二部份 – 甲部】 以下由圓願者的主診醫生填寫 (香港註冊醫生–中西醫生均可)

Part II(A) - To be completed by wisher' s doctor in charge

1. 圓願者症狀 Wisher' s diagnosis: _____

2. 是否已到末期 Is the illness life-limiting? ☐ 是 Yes ☐ 否 No

3. 圓願者醫療狀況 Medical states of the wisher

☐ 危殆 Critical ☐ 嚴重 Serious ☐ 穩定 Stable ☐ 良好 Good

☐ 其他 Others: _____

4. 圓願者是否殘疾 ? Is the wisher suffering from disability?

☐ 沒有 None ☐ 視障 Vision ☐ 聽障 Hearing ☐ 言語障礙 Speech

☐ 智力障礙 Intellectual ☐ 肢體殘障 Physical ☐ 其他 others _____

5. 圓願者是否需要使用和攜帶任何醫療設備或設備 ?

Does the wisher need to use and carry along any medical equipment or device?

☐ 否 No ☐ 是 Yes (請說明 Please specify: _____)

6. 圓願者目前是否住院 ? Is the wisher currently hospitalized?

☐ 否 No ☐ 是 Yes (病房 Ward: _____)

7. 若果圓願者外出參與活動，是否需要醫療設備去維持生命? (請提供詳情)

If the wisher' s wish involves outdoor activities, are there any special medical needs or considerations required? Please give details.

8. 其他說明 Additional remarks:

醫生姓名

Name of Wisher' s Doctor: _____

醫院及所屬部門

Hospital & Department: _____

醫生電郵

Doctor' s Email: _____

醫生簽名

Doctor' s Signature: _____

醫生聯絡電話

Doctor' s Contact Number: _____

日期

Date: _____

若是中醫，請註明註冊號碼 If TCM, please indicate the registration number: _____

【第二部份 – 乙部】由醫護人員推薦，請填寫（若有醫生簽名，無需填寫此部份）

Part II(B)- To be completed by referee. If you have a doctor's signature, do not fill in this column)

推薦人姓名 中文 英文
Referee' s Name: (Chinese)_____ (English) _____

與圓願者關係 推薦 / 轉介機構名稱
Relationship _____ Name of Organization _____

聯絡電話 電郵
Mobile No. : _____ Email : _____

註：若圓願者未能取得主診醫生或醫護人員之推薦，請提供有關病歷證明（如出院紙等）證明圓願者之疾病為不可逆轉之晚期危疾。

本基金相信申請人及推薦人的誠實陳述，若發現所填報資料有誤導成份，會即時停止辦理有關服務，並保留追究責任權利。

The Trust believes that the applicant and the referees' honest statements. The application process will immediately stop if there' s any misleading information provided. The Trust will retain the right to pursue their accountability.

個人資料及私隱聲明：所收集的個人資料均會保密，只會用作本基金的內部評估審批及通訊用途，本會不會提供予公眾或其他非相關人士，除非法律要求。

The personal data collected will be kept confidential and will be used for internal review and communications purposes only. Personal data will not be disclosed to the public or any third parties, unless required by law.

申請基督為本基金【誠心所願】

同意書

有關資料收集與使用授權

本人 _____ 同意向基督為本基金提供本人及相關家人的個人資料。本人同意可將上述資料傳閱予負責探訪的義工及贊助是次申請的機構或人士。

本人同意基督為本基金就是次申請向醫護人員、社工及有關機構查詢本人及相關家人的個人資料。

本人同意基督為本基金可能使用本人的個人資料作為日後與本人通訊、處理申請、發送收據、分析/統計、籌款、收集意見、作活動/訓練課程邀請/推廣用途，及與基督為本基金相關之項目事宜。

有關探訪及圓願過程

本人同意基督為本基金就是次申請派員向本人及相關家人進行探訪以了解詳情。

本人同意在圓願當天，或在圓願過程中，基督為本基金可能會進行拍照或攝錄以留為存檔記錄，及作活動/訓練/推廣用途，本人明白基督為本基金會取得本人或相關家人的同意下，才會與第三方分享相關的照片及/或攝錄檔案。

申請人簽署：_____ 日期：_____

基督為本基金尊重閣下的個人私隱，並盡力確保儲存的個人資料得到充份保護。本基金將依照在收集資料時所說明之目的使用該等資料。除了《個人資料（私隱）條例》規定的豁免範圍外，你有權就基督為本基金備存有關你的個人資料作出查閱、更改及停止使用你的個人資料作推廣用途的要求，但已達成使用目的後而刪除的個人資料除外。

如不想收到本基金電話或電郵，可以隨時透過以下途徑與本基金聯絡：

電郵：info@basicfoundation.org.hk

電話：(852) 2882 6328

郵寄：香港仔湖北街 12 號裕景中心 1401 室 基督為本基金收

基於
基督為本基金【誠心所願】圓願之旅
豁免責任聲明 - 申請人

Brothers and Sisters in Christ Foundation
Project Amen
Release of Liability Declaration - Applicant

本人謹此聲明，被診斷患有_____。基於基督為本基金有限公司(“基金”)為本人安排及執行「誠心所願」圓願之旅(“圓願過程”)，本人自願作出以下聲明：
I hereby declare that I have been diagnosed with _____. In consideration of fulfillment Brothers and Sisters In Christ Foundation Limited (“BASIC Foundation”) planning and executing a Project Amen Wish Fulfillment (“Wish Fulfillment Process”) for me, I declare the following out of my own volition:

1. 本人確認及明白圓願過程性質，是自願參與。本人全力承擔圓願過程中有可能涉及的所有風險的全部責任，包括但不局限於在圓願過程(包括往返圓願地點的途中)，可能需要但無法得到完善的醫療設施和/或特別照顧或任何類型的醫藥療程，包括但不局限於緊急醫護和/或遺體運送服務。
I confirm and understand the nature of the Wish Fulfillment process and I agree to participate in the process willingly. I shall be fully liable for the any and all risks associated with the Wish Fulfillment Process, including but not limited to the possibility of my requiring but not having access to full or adequate medical facilities and/or care and/or any types of medical therapy, including but not limited to emergency medical evacuation and/or body repatriation, during the Wish Fulfillment Process (including but not limited to travelling to and from the location of the Wish Fulfillment Process).
2. 本人明白及確認基金在圓願過程中會採取合理的安全措施以保障參與者的安全，但仍有機會涉及一些意外風險或會引致受傷或損失。本人自願接受有關風險，並在法律許可下，代表本人、任何個人代表、受讓人、繼承人、執行人，繼任者或最近的親屬，表明完全豁免、解除並同意不會起訴基金(包括其委任人及承繼人)和/或其董事、委員、顧問、職員、義工、和/或與圓願過程有關的社工、醫療人員、代理人、承保人，保險公司、贊助商、支援機構等(“責任豁免者”)在圓願過程(包括往返圓願地點的途中)直接或間接可能引起的任何損失、損傷、申索、追討、行動、訴訟理由或任何形式或性質的訴訟，包括法律允許的範圍內的任何疏忽救助嘗試，行動或不作為。
I confirm and understand that although BASIC Foundation will take reasonable care to ensure the safety of each participant during the Wish Fulfillment Process, involvement in the Wish Fulfillment Process may involve a certain degree of risk of physical injury or harm to me and/or damage to or loss of my property. I understand the risks involved, agree to assume those risks voluntarily, and to the extent allowed by the law, I, on behalf of myself, and any of my personal representatives, assigns, heirs, executors, successors and next of kin, declare that I fully waive, release and agree not to sue

BASIC Foundation (including its successors and assigns) and/or its directors, committee members, consultants, staff, volunteers and/or any social workers, medical professionals, agents, underwriters, insurers, sponsors, support organisations involved in the Wish Fulfillment Process (“Exempted Parties”) for any loss, damage, claim, action, cause of action or any types or nature of litigation arising out of, whether directly or indirectly, the Wish Fulfillment Process (including but not limited to travelling to and from the location of the Wish Fulfillment Process), including any negligent rescue attempt, action or inaction to such extent as permissible by law.

3. 本人確認及同意自費補償和繼續全面補償責任豁免者及保障責任豁免者因圓願過程直接或間接有可能引起或因此緣故而遭受、招致或蒙受或可能遭受、招致或蒙受的損失、申索、利益、指控、費用、賠償、責任、支出。

I confirm and agree to indemnify and hold harmless and shall continue to indemnify and hold harmless all Exempted Parties from all actual or potential losses, claims, interest, accusation, fees, compensation, liability and/or expense directly or indirectly arising out of or caused by the Wish Fulfillment Process.

4. 本人亦証明，現在未患有傳染病可能影響本人及參與圓願過程的其他人士事或增加相關的風險。

I declare that to the best of my knowledge, I am not currently suffering from any infectious disease that may affect my participation in any part of the Wish Fulfillment Process or expose myself, the applicant or any other participant to any increase risk of harm.

5. 本人確認及同意基金可能在圓願過程中拍攝照片，進行錄影及使用參與者的聲音或錄像，而基金不用支付任何費用。

I confirm and agree that BASIC Foundation may photograph, film, videotape, record or otherwise reproduce the image and/or voice of any person involved in the Wish Fulfillment Process and use the same for any purpose without payment to any person.

6. 本人同意及授權予基金在不需審查情況及不需要本人另外同意下以不同的形式 對外發放(包括但不限於電視報導、社交媒體、電子媒體及文字印刷)，使用圓願過程的照片、影像、電子記錄及相關資料並使用本人的個人資料、肖像、姓名及聲線作為籌辦及推廣活動之用，包括使用於基金有關活動之網頁、短片及宣傳刊物。

I agree and authorize BASIC Foundation to, without further verification or consent from me, make public (including but not limited to television reports, social media, digital media and print media) and use any photographs, records, electronic records and information in relation to the Wish Fulfillment Process and to use my personal information, image, name and voice for organizing and promoting its activities, including on websites, videos and promotional materials of BASIC Foundation's

activities.

7. 本人同意香港特別行政區的法律適用於本協議，並將本協議引起的一切爭議提交香港特別行政區法院專屬管轄。

I agree that the laws of the Hong Kong Special Administrative Region shall apply to this Agreement, and to submit all disputes arising from this Agreement to the exclusive jurisdiction of the courts of the Hong Kong Special Administrative Region.

本人確認已詳細閱讀本豁免責任聲明，並被告知本人有尋求獨立法律諮詢的權利。本人完全了解並及經過完整考慮，自願地簽署本豁免責任聲明。

I confirm that I have read the terms of this Declaration, and have been advised of my right to seek independent legal advice. I understand fully, have considered thoroughly and am willing sign this Declaration.

此中文免責豁免責任聲明為英文版本譯本，如中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。

This Release of Liability Declaration has been translated into Chinese. If there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.

申請人姓名

簽 名

Name of Applicant:

Signature:

日期

Date:

見證人姓名

簽 名

Name of Witness:

Signature:

日期

Date:

**** 如申請人未滿 18 歲 ****

**** For Applicants under age 18 ****

家長/監護人姓名

簽 名

Name of Parent/Guardian

Signature:

日期

Date: