

HKACM
Third Culture Kid (TCK) Development
Mental Health & Development Fund (MHD Fund)
Subsidy Scheme Application Form

For HKACM Use

編號 Ref.:
 日期 Date:
 跟進者 Handled:

Target	Anyone who has lived on the field for at least one year as a TCK. Even if their parents have already left the overseas field or position, they can apply regardless of their age. (At least one parent was sent as an overseas worker from HK)
Application Procedure	Email the application form to the TCK Care Committee at tck@hkacm.org.hk . Preliminary response will be sent within 5 working days.

(Choose one of two) (Please ✓ as appropriate)

- Filled by Applicant** I have read the “HKACM MHD Fund Guidelines of Subsidy Scheme” and am applying for the subsidy.
- Filled by Service Provider** I have read the “HKACM MHD Fund Guidelines of Subsidy Scheme” and sought the authorization from applicant below to apply for the subsidy.

Type of Service (Please ✓ as appropriate)	<input type="checkbox"/> Psychiatry
	<input type="checkbox"/> Counselling/ Therapy *Details (Please delete as appropriate): Clinical Psychology/ Counselling Psychology/ Educational Psychology/ Family Therapy/ Art Therapy/ Music Therapy/ Counselling/ Others: _____
	<input type="checkbox"/> Personal Growth & Development *Details (Please delete as appropriate): Coaching/ Mentoring/ Others: _____
	<input type="checkbox"/> Spiritual Direction
	<input type="checkbox"/> Others : _____

Applicant (Service Receiver)

Full Name (Chi/Eng):		Age:	
First 4-digit of HKID:	(E.g.: A123)	Gender:	M / F
Overseas Field (Duration): E.g.: Lived in South Asia for two years: “South Asia (2 years)”			
Sending Agency/Church (if any, even if partnership completed):			
Where did you learn about this subsidy scheme:			

Service Provider

Name of Organization/Company (if any):			
Service Provider Address (if any):			
Service Provider (Full Name):		Position:	
Contact Tel. Number:		Email:	

Service Details (For pre-service application. If needed, details can be filled in when receipt is provided)

Date of Service:			
Invoice/ Receipt Amount:			
Applied Subsidy Amount:			
Release of Fund: (Please ✓ as appropriate)	<input type="checkbox"/> Bank Transfer – Please write in CAPITAL LETTERS - Bank Account Name: _____ Bank Name: _____ Bank Code: _____ Account Number: _____		
	<input type="checkbox"/> Cheque Payable to (Applicant or Service Provided): _____		

Declaration (Please ✓ as appropriate)

- I confirm that the applicant has lived on the overseas field for at least one year as a TCK, where one of the parents was sent as an overseas worker from HK.
- I hereby declare that all information provided on this application form is true and correct.

Signature:	Date:
-------------------	--------------