

Fields marked with an asterisk (*) are required fields and must be filled to expedite

the matching process. Thank you for your cooperation.

Please fill in the appropriate box with "✓".

For ALBA IWS ("Service Provider") Internal Use
Application no.:

Application of Individual Case with referral by Registered Social Worker (Part A) Submission Date: _____	
<u>Individual Case Information</u> *Please input English alphabet followed by the first four digits (e.g. A1234)	
*Name: (Mr/Ms/Mrs) _____ *Age: _____ *HKID no.: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
District: _____ *Residential Address: _____	
*Building with elevator: <input type="checkbox"/> Yes <input type="checkbox"/> No, Please specify : _____	
*Contact phone no.: (Home) _____ (Mobile) _____	
Health Status: <input type="checkbox"/> Healthy <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Mentally Disabled <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Others : _____	
Additional Info: <input type="checkbox"/> Experienced natural disaster/accidents <input type="checkbox"/> Single Parent Family <input type="checkbox"/> New Immigrant <input type="checkbox"/> Singleton elderly	
<input type="checkbox"/> Others : _____	
Income Status: <input type="checkbox"/> CSSA <input type="checkbox"/> Low income <input type="checkbox"/> Others : _____	
<input type="checkbox"/> *Social workers explained 'Guidance Notes' and 'PICS' to applicants. <input type="checkbox"/> Applicant is willing to participate in media interviews and coverage Organization name: _____ *Name of registered social worker: (Mr/Ms/Mrs) _____ *RSW Registration no.: _____ *Contact phone no.: _____ Fax no.: _____ *Email address: _____ *Signature of RSW: _____ Organization chop: _____	
Application of Non-Government Organization (NGO) (Part B) Submission Date: _____	
*Organization name: _____ (Attach IR88 copy with application for record)	
*Name of Contact person: Mr/Ms/Mrs _____ Position: _____	
*Contact phone no.: _____ Fax no.: _____	
*Email address: _____	
*Delivery address: _____	
*Building with elevator: <input type="checkbox"/> Yes <input type="checkbox"/> No, Please specify : _____	
*Service Targets: _____	
*Uses of Refurbished Electrical Equipment:	
<input type="checkbox"/> Distribute to service targets (NGO must explain Guidance Notes and PICS to the applicant and submit the completed case information and receipt to the Service Provider within one month.)	
<input type="checkbox"/> For the use of the service targets in NGO facilities <input type="checkbox"/> For operation of the NGO	
*Signature of representative: _____ *Organization chop: _____	
*Select Electrical Equipment : Please only select one electrical equipment for each application form. Please tick the required type of electrical equipment. If you have specific dimension requirements, please indicate accordingly. We will do our best to allocate an electrical equipment within the requested size.	
<input type="checkbox"/> TV (Flat-panel) <input type="checkbox"/> 20 inch or below (Rare item and may need longer waiting time) <input type="checkbox"/> 22-32 inch <input type="checkbox"/> 37 inch or above <input type="checkbox"/> Specific size: _____ inch	<input type="checkbox"/> Washing machine <input type="checkbox"/> Front Load with high water level <input type="checkbox"/> Top Load with high water level <input type="checkbox"/> Top Load with low water level Specific size: (Depth)_____inch X (Width)_____inch X (Height)_____inch
<input type="checkbox"/> Refrigerator <input type="checkbox"/> <u>Single-door</u> <input type="checkbox"/> <u>Double-door</u> Specific Size: (Depth)_____inch X (Width)_____inch X (Height) _____inch	<input type="checkbox"/> Window type air-conditioner Cooling capacity: <input type="checkbox"/> 3/4 <input type="checkbox"/> 1 <input type="checkbox"/> 1.5 (Rare item and may need longer waiting time)
<input type="checkbox"/> Monitor (Specific size: _____ inch)	



Guidance Notes

1. Application of individual case shall be made through referral by Registered Social Worker. The individual case referral by social worker should fill in and submit Part A of the application form. Applicants of NGO should fill in and submit Part B of the application form.
2. Applicant of individual case shall provide the HKID number to the Service Provider for the purposes of identity verification and follow-up. The information will not be used for other purposes.
3. Due to limitation of resources, the Service Provider will consider the condition of the resources but cannot guarantee this application request will be allotted. All applications are processed by one time allotment. Any unsuccessful application may submit new application based on the situation of need.
4. The Refurbished Electrical Equipment available for donation includes washing machines, TVs, refrigerators, window-type air-conditioners and monitors. The Service Provider will conduct inspection and testing for all Refurbished Electrical Equipment before donation.
5. The number of Refurbished Electrical Equipment is limited, please prioritize your selection in accordance with your needs.
6. All Refurbished Electrical Equipment are second-hand products. Models, brands and age of the electrical equipment could not be selected. All electrical equipment is for own usage only and resale is not allowed. Please note that some refurbished TVs may not come with remote control. For those applications which have specified requirements on the size of the electrical equipment or cooling capacity of the air conditioner, please indicate your preference on the form. We will try our best to arrange but cannot guarantee the requirements can be fully met.
7. Application would be processed on first-come-first-served basis. Preference would also be given to those applicants with special needs (e.g. health status, additional information provided and financial situation etc.). Registered Social Worker should provide more details on the application form if applicable.
8. Installation service of electrical equipment will not be provided. Please try out the Refurbished Electrical Equipment as soon as possible. If there are any problems within the one-month maintenance period, please contact the Service Provider for follow-up (Tel: 2290-5238).
9. The Service Provider will arrange delivery service to the residential address/ delivery address of the successful applicant.
10. The Registered Social Worker / the representative of NGO who signed the application form has understood and agreed to the contents of this Guidance Notes and personal information collection statement and has confirmed all the information given in this application form is correct, complete and true.

Personal Information Collection Statement

Purpose of Collection

1. The personal data provided in this form may be used by ALBA Integrated Waste Solutions (HK) Ltd. ("ALBA-IWS") and the Environmental Protection Department ("EPD") for one or more of the following purposes:
 - (a) Activities relating to processing this application;
 - (b) Delivering services to you;
 - (c) Enquiry or complaint investigations;
 - (d) Statistical analysis;
 - (e) To facilitate communications between the collection contractor and yourself; and
 - (f) Other purposes directly relating to any of the above.
2. The provision of personal data is voluntary. If the information provided is not sufficient, we may not be able to process your application.

Transfer of Personal Data

3. ALBA-IWS and the EPD may disclose the personal data provided in this application to other persons or organisations for the purposes mentioned in paragraph 1 above.

Access and Correction of Personal Data

4. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by this form. A fee may be imposed for obtaining a copy of the data.
5. Request for personal data access or correction should be made in writing:

ALBA Integrated Waste Solutions (HK) Limited,
 Lots P2-P4, Eco Park, 133 Lung Mun Road, Tuen Mun Area 38, N.T
 Tel: 2290 5238
 Fax: 2290 5092