

## Application for QuickKey “Barrier-free Input Device”

### Notes for Application

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- 1) Organisations/Special School/Organisations serving PWD registered in Hong Kong are eligible to apply for the barrier-free input device (keyboard and mouse).
- 2) Application for the barrier-free input device are opened from **11 May- 31 May 2012**
- 3) No application fees is charged, applicant should complete the application form and it should be completed in **English**
- 4) Applicant shall submitted **2 hardcopies** of the application form together with **Documentary proof of applicant being a non-profit-making organisation (if applicable)** to the Secretariat Office **by Post or in Person**:

Secretariat Office:

*Internet Professional Association*

Room 623, Kwong Loong Tai Building

1016-1018 Tai Nan West Street

Cheung Sha Wan, Kowloon

(Attention to Ms. Roni Wong)

For enquiry, please contact the Secretariat Office, Internet Professional Association by phone (Tel No. : 27780040) or by email (Email address:pwd@iproa.org).

Secretariat Office  
Internet Professional Association

# Application for QuickKey “Barrier-free Input Device”

## Acknowledgement of Receipt of Application

### **Section 1: Applicant details (Completed by Applicant)**

Name of Applicant : \_\_\_\_\_  
Name of Organisations/Special School : \_\_\_\_\_  
Address of the Organisations/Special School : \_\_\_\_\_  
Fax No. : \_\_\_\_\_  
Telephone No. : \_\_\_\_\_  
E-mail Address : \_\_\_\_\_

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- (a) Under normal circumstances, it takes about a month to process an application after the deadline of submission
- (b) The Secretariat Office will notify the Applicant of the assessment result in *written notice*. An initial approval-in-principle will be communicated to a successful Applicant.
- (c) Once the application has been approved, successful applicants will be notified to collect the devices at a designated location
- (d) Keysquare Communication Limited would have the user manual for detailed information and as reference. Users could refer to the manual in the future if they face any problems. The device is non returnable and there is no replacement, warranty or maintenance service guaranteed. For damage after receipt, the Secretariat Office would not assume any responsibility.
- (e) The device ownership would belong to the successful recipient organisations. Recipient organisations could not sell the devices or make profit.
- (f) For enquiries, please contact the Secretariat Office, Internet Professional Association by phone (Tel No. : 27780040) or email (Email address:pwd@iproa.org)

(Official Use Only)	
Date of Receipt	_____
Reference No.	_____

## Application Form for QuicKey “Barrier-free Input Device”

Please read the "Notes for Application for QuicKey Barrier-free Input Device" before completing this application form.

### Section 2 – Particulars of the Applicant

1. Applicant      -  Special School       Organisation

Name in English : \_\_\_\_\_

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

Address : \_\_\_\_\_

\_\_\_\_\_

Tel No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Ordinance under which the Applicant is established : \_\_\_\_\_

Web Page : \_\_\_\_\_

Number of Members : \_\_\_\_\_

Aim/Objective of the Organisation : \_\_\_\_\_

\_\_\_\_\_

### Section 3 : Assessment Criteria (Completed by Applicant)

1. **Benefit to target Community:**

A. Number of estimated target beneficiaries which may benefit:

B. Please describe how the future career and future study of the target beneficiaries can be benefited from using the devices:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. **Studying / Learning Need:**

	Yes	No
A. Will the devices help developing the languages of the target beneficiaries? (If yes, please elaborate)	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Will the devices help enhancing the learning skills of the target beneficiaries? (If yes, please elaborate)	<input type="checkbox"/>	<input type="checkbox"/>
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\_\_\_\_\_

\_\_\_\_\_

**Yes**      **No**

C. Will the devices help enriching the training results of the target beneficiaries?      

(If yes, please elaborate)

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D. Will the devices help enhancing the knowledge, usage and the availability of the target beneficiaries?      

(If yes, please elaborate)

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**3. Managing Capability**

**A. Background of applicant or organisation:**

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**B. Please list out relevant experience in promoting ICT to target beneficiaries.**

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**4. Usage:**

**A. How often will the target beneficiaries use the devices?**

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**Section 4 – Declaration**

*\*Please delete if not applicable*

I, on behalf of, \_\_\_\_\_, declare that

all factual information provided in this application as well as the accompanying information are true and accurate and reflect the status of affairs as at the date of submission. I undertake to inform the Secretariat Office immediately if there are any subsequent changes to the above information.

I authorize the Secretariat Office for the Development of Assistive Technology for Persons with Disabilities Fund to handle the personal data/information provided in this form in accordance with the "Notes for QuickKey Barrier-free input device".

In making this Declaration, I represent myself as the Applicant\*/ I am a director of the Applicant Organisation\*/ I attach a resolution of the Applicant organisation authorizing me to make the Declaration\* (delete as appropriate)

Name of Applicant	:	_____	Name of Organisation	:	_____
Position of Applicant	:	_____	Authorised signature with		_____
Date	:	_____	Organisation chop	:	_____

Notes :

- (1) Please use attachments if the space provided for a particular item is insufficient.
- (2) Applicants should submit the application form and the relevant supporting documents to the Secretariat Office in person or by post.  
To ensure proper authorization of the signatory in the case of a Company or Organisation applicant, the Declaration should be signed by a Director, or a Board Resolution of the Applicant Company/Organisation should be attached.