



轻安之友癌症整体康复支助计划

轻安村慈善与教育基金会

**Holistic Support for People affected by Cancer (HSPC)**  
**Kampung Senang Charity And Education Foundation**

会员申请表格

**MEMBERSHIP APPLICATION FORM**

**For Official use only.**

**Member Name :** \_\_\_\_\_

**Membership No :** \_\_\_\_\_

(Personal Identification No i.e. Identity Card No, Birth Certification No)

**Care for Environment • Care for People**

**Holistic Lifestyle Centre 身心灵环保推广中心**

**A Project of Kampung Senang Charity and Education Foundation 轻安村慈善与教育基金的附属中心**

**Registered under Charity Act No 1372 NCSS membership no. 2004-011/KAM**

Blk 106 Aljunied Crescent #01-205 Singapore 380106 (MRT: Aljunied)

Telephone: 6749 8509 Fax: 68445815 Email: email@kg-senang.org.sg Website: www.kg-senang.org.sg

UEN:S99SS0044C

会员免交会费。一次过注册费为\$30，所有注册费将自动成为支助我们公益服务的爱心捐款。支票抬头请写“Kampung Senang Charity and Education Foundation”。并附上您的医疗报告及完整的会员申请表呈交于身心灵环保推广中心 BLK 106, Aljunied Crescent #01-205 S380106 (地铁站：阿裕尼)

Membership is free. One time registration fee is S\$30. ALL REGISTRATION FEES WILL GO TO OUR DONATION FUND FOR CHARITABLE PURPOSES. Please issue cheque in favour of “Kampung Senang Charity and Education Foundation” together with your copy of medical report and completed application form to Holistic Lifestyle Centre, Blk 106 Aljunied Crescent #01-205 Singapore 380106 (MRT Station: Aljunied).

轻安之友癌症整体康复支助只限于会员本身，不得转让。

HSPC Membership entitlement is only applicable for Member himself/ herself, it is not transferable.

## PERSONAL INFORMATION 个人资料

英文姓名  
Name Dr./Mr./Mrs./Ms. \_\_\_\_\_ 中文姓名  
Chinese Name \_\_\_\_\_

身份证 / 护照号  
NRIC / Passport No. \_\_\_\_\_ 出生日期  
Date of Birth \_\_\_\_\_

性别  
Sex  男 Male  女 Female

婚姻  
Marital Status:  单身 Single  已婚 Married  离婚 Divorced  丧偶 Widowed

所使用语言 / 方言  
Language / Dialect Spoken  英文 English  中文 Chinese  马来 Malay  淡米 Tamil  其他 Others (Please Specify) \_\_\_\_\_

最高教育水平  
Highest Education Level \_\_\_\_\_ 职业  
Occupation \_\_\_\_\_ 轮班  
Shift Work  是 Yes  否 No

宗教  
Religion \_\_\_\_\_ 获得其他团体支持  
Supported by Other Groups  是 Yes  否 No

宗教团体 Religious Group  其他癌症支持团体 Other Cancer Support Group

住家地址  
Residential Address \_\_\_\_\_

通讯地址  
Mailing address \_\_\_\_\_

住家电话  
Home Tel No \_\_\_\_\_ 手提电话  
Hand Phone \_\_\_\_\_ 公司电话  
Office Tel No \_\_\_\_\_

电邮  
Email \_\_\_\_\_ 传真  
Fax \_\_\_\_\_

资讯传递方式  
I would like to receive updates and information via  信息 SMS  电邮 Email

紧急联络人  
Person to contact in case of emergency \_\_\_\_\_ 与申请者的关系  
Relationship with Applicant \_\_\_\_\_

紧急联络号码  
Emergency Contact No. \_\_\_\_\_ 住家  
Home \_\_\_\_\_ 手提电话  
Hand Phone \_\_\_\_\_

## MEDICAL INFORMATION (Please attach medical report or documents)

医疗资料 (请附上医疗报告或证件)

我最近被诊断患上癌症  
I am newly diagnosed with cancer

正在接受治疗  
a patient under treatment

已经康复  
a cancer survivor

癌症种类 \_\_\_\_\_ 诊断日期 \_\_\_\_\_ 阶段 1 2 3 4  
Type of Cancer \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_ Stage

医院 \_\_\_\_\_ 主治医生姓名 \_\_\_\_\_  
Hospital \_\_\_\_\_ Name of Doctor \_\_\_\_\_

治疗

Treatment

手术 月 / 年 \_\_\_\_\_  化疗 月 / 年 \_\_\_\_\_  电疗 月 / 年 \_\_\_\_\_  
Surgery Mth / Yr \_\_\_\_\_ Chemotherapy Mth / Yr \_\_\_\_\_ Radiotherapy Mth / Yr \_\_\_\_\_

你是有经历复发状况?  是  否  
Have you had a recurrence? Yes No

复发的部位在哪里?  
Where the secondary area was located (i.e. lungs, liver, bone, etc.)? \_\_\_\_\_

您针对复发做了什么治疗, 目前状况如何?  
What treatment did you have and what is the current status of the recurrence? \_\_\_\_\_

## GIFT OF GOOD FOOD SCHEME (GGFS) 生机关爱支助计划

我要登记参加每周定菜计划  是  否  
I want to register for the weekly gift of good food scheme Yes No

需要赞助 (每人每星期赞助 \$10)  是  否  
Need Sponsorship (only entitled for \$10 per person per week) Yes No

(如果是, 请填写家庭与收入状况以供评估及批准)

(If Yes, please complete Family and Financial Information details. The sponsorship will be approved upon assessment by HSPC committee members)

Type of Organic Food (生机食物) (Please select one for sponsorship) (赞助者只选一项)

标准包  
Mix veggie Pack \$10

ABC 果汁调理包  
Juicing ABC Formula Pack \$10

有效日期 \_\_\_\_\_  
Activation Date \_\_\_\_\_

## FAMILY AND FINANCIAL INFORMATION 家庭与收入状况

(Compulsory for application of sponsorship so as for assessment and approval) (申请赞助者必须完成此项目以供评估及批准)  
(If necessary, original documents proof may required for submission) (若须, 需呈交有关文件)

配偶名字 \_\_\_\_\_ 年龄 \_\_\_\_\_ 职业 \_\_\_\_\_  
Name of Spouse \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

家长 / 监护人名字 (十八岁以下申请者) \_\_\_\_\_ 年龄 \_\_\_\_\_ 职业 \_\_\_\_\_  
Name of Parent / Guardian \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_  
(for Applicant below 18)

家中受照顾者（父母 / 孩子）的资料：  
Dependants in the Family (Parents/Parents-in-law/Children) details:

名字 Name	年龄 Age	关系 Relationship	职业 Occupation

家庭总收入  
Total Family Income \$ \_\_\_\_\_

所得的慈善援助款项 / 其他的福利援助  
Public Assistance Amount / Other Charity Support \$ \_\_\_\_\_

如果我对所预定的生机食物需要取消预定的安排，我有责任最迟在**星期二之前**致电或电邮通知生机蔬菜爱心支助计划的协调员我该星期的要求。我了解轻安村有权利不接受临时的更改和额外订购的要求。  
I have responsibility to inform the coordinator of the Gift of Good Food Scheme by **Tuesday** for cancellation of my order scheduled for the delivery at the coming Saturday weekend. I understand that Kampung Senang has the right to reject my last minutes cancellation.

- 我有兴趣要咨询辅导  
I am keen to have counseling session
- 我愿意接受义工电话关怀  
I am willing to accept telephone care service by your volunteer
- 我欢迎互助组家访  
I welcome Support Group Visit
- 我愿意参加养生活动  
I will like to join wellness activities
- 我有兴趣学习 身心灵课程 / 调气养生课程  
I am keen to attend Body, Mind Balance Course / Healing session
- 我愿意体验自然疗法的服务  
I would like to have Natural Therapy Services
- 我有兴趣学习健康饮食  
I am keen to learn healthy diet
- 我愿意帮忙送菜给邻里的病友  
I can also help to deliver vegetables to other cancer patients near my house

## DECLARATION 声明

我确认以上所提供的资料皆属实。如果我在参与轻安之友癌症整体康复支助计划下的任何服务活动当中，无论出于何种原因而产生了任何的不良后果，我都同意不向轻安村，它的职员或代表作任何的责任追究。  
I certify that all details furnished above are true. I hereby agree to release and indemnify Kampung Senang and its employees representatives and agents from all liability in respect of illness, injury or death, whatsoever caused, in connection with my taking part in any programme, service, event or activity under the project Holistic Support for People affected by Cancer.

申请人签名  
Signature of Applicant: \_\_\_\_\_ 申请日期  
Date of Application: \_\_\_\_\_







