



To: Hong Kong Specific Learning Difficulties Research Team
(Email: hksld@eduhk.hk)

Revised August 2022

ORGANISATION APPLICATION / UPDATE FORM [Long-term Loan]

(To be completed by Coordinator who should be a registered HKT user.)

Organisation Information

Name of Organisation: _____

Nature of Organisation: HKSAR Government / NGO / School-based Service / Others: _____

(Please delete as appropriate)

Number of HKT test set# HKT-P(III): _____ set

currently kept by the Organisation: HKT-JS(II): _____ set

Number of HKT test set requested: HKT-P(III): _____ set

HKT-JS(II): _____ set

FOR OFFICE USE ONLY

Total number of test set on loan:

P(III): _____ JS(II): _____

HKT-P(III): The Hong Kong Test of Specific Learning Difficulties in Reading and Writing for Primary School Students – Third Edition

HKT-JS(II): The Hong Kong Test of Specific Learning Difficulties in Reading and Writing for Junior Secondary School Students – Second Edition

Registered HKT User(s) under the Organisation

	Full Name	*Full Time (F) / Part Time (P)	*Serving Primary(P) / Secondary(S) School	Registration No.
1	_____ (Coordinator)	<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	_____
2	_____	<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	_____
3	_____	<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	_____
4	_____	<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	_____
5	_____	<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	_____

Information of Coordinator

Name of Coordinator: _____ Position: _____

Tel No.: (Office) _____ (Mobile) _____

Email: (Office) _____ (Personal) _____

Office Address: _____

- *I confirm that the above information is true and complete.
- *I have read the General Information on Application and Renewal Procedure for HKT-P(III) & HKT-JS(II) and FAQs.
- *I have attached the duly signed Declaration and Agreement by the HKT Coordinator and other HKT Registered User(s).
- *I have attached the Individual Use Form(s) (Appendix I) for HKT user(s) who will use HKT in an organisation /

organisations other than the above-named organisation.

* Please tick as appropriate.

Signature of Coordinator: _____

Date: _____



Official Stamp of the Organisation

Registered HKT User(s) under the Organisation

(Con't)

	Full Name	*Full Time (F) / Part Time (P)	*Serving Primary(P) / Secondary(S) School	Registration No.
6		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
7		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
8		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
9		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
10		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
11		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
12		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
13		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
14		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
15		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
16		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
17		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
18		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
19		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
20		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
21		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
22		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
23		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
24		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
25		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
26		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
27		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
28		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
29		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	
30		<input type="checkbox"/> F / <input type="checkbox"/> P	<input type="checkbox"/> P / <input type="checkbox"/> S	

Declaration and Agreement by the HKT Coordinator

1. I understand that the HKT is on loan to the organisation, _____
(Name of the Organisation) by the HKSpLD Research Team (Research Team), for use by its registered HKT user(s) in assessment of students in Hong Kong only.
2. I agree to observe the terms and conditions of the copyright ordinance.
3. As a professional educational and clinical psychologist in Hong Kong, I agree to abide by the Code of Conduct as set out by the Hong Kong Psychological Society, the Code of Professional Conduct as set out by the Hong Kong Association of Educational Psychologists, and/or the Code of Conduct for the Personnel of the Hong Kong Institute of Clinical Psychologists Limited*. (* Please delete as appropriate.)
4. I agree to ensure that the test will not be made available for use by unregistered users.
5. I agree to make the necessary arrangements to safeguard the confidentiality of the test materials.
6. I will not disclose the content of HKT to any other persons.
7. If my organisation no longer provides assessment service in Hong Kong, I will return the test set(s) to the Research Team.
8. Upon departure from my organisation, I will ensure that there is at least one registered user who can monitor the proper use of the test batteries, and I will return the test set(s) to the Research Team if there is no registered user in my organisation.
9. I agree that the Research Team reserves the right to determine the required professional qualifications of users and distribution of HKT.
10. I will ensure that the test set(s) is/are maintained in good condition. I understand that I have the responsibility to report to the Research Team and police in case of loss/theft of the whole set or core items of the test battery.
11. I agree to have my name included in the list of HKT which is posted on the HKSpLD Research Team website for the reference of public.

Name of HKT Coordinator

Signature of HKT Coordinator

Date

Declaration and Agreement by Other HKT Registered User(s)

1. I understand that the HKT is on loan to the organisation, _____
(Name of the Organisation) by the HKSpLD Research Team (Research Team), for use by its registered HKT user(s) in assessment of students in Hong Kong only.
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<i>Name of HKT Users</i>	<i>Signature of HKT Users</i>	<i>Date</i>
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____
9 _____	_____	_____
10 _____	_____	_____

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<i>Name of HKT Users</i>	<i>Signature of HKT Users</i>	<i>Date</i>
11 _____	_____	_____
12 _____	_____	_____
13 _____	_____	_____
14 _____	_____	_____
15 _____	_____	_____
16 _____	_____	_____
17 _____	_____	_____
18 _____	_____	_____
19 _____	_____	_____
20 _____	_____	_____

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<i>Name of HKT Users</i>	<i>Signature of HKT Users</i>	<i>Date</i>
21 _____	_____	_____
22 _____	_____	_____
23 _____	_____	_____
24 _____	_____	_____
25 _____	_____	_____
26 _____	_____	_____
27 _____	_____	_____
28 _____	_____	_____
29 _____	_____	_____
30 _____	_____	_____



Email: hksld@eduhk.hk

Attn: HKSpLD Research Team

Individual Use Form

I (Mr/Ms/Dr/Prof) _____
(Surname) (Other names)

(Registration No.: _____) declare that I will use the test batteries of HKT-P(III) and/
or HKT-JS(II) in the following organisation(s):

	Name of Organisation(s)
1	
2	
3	

Signature of HKT User

Date

Signature of Coordinator

Date