

## Introduction 簡介

With the advancement of technology, insulin pumps can bring welcomed relief of injections. Youth Diabetes Action (YDA) will sponsor three insulin pumps to YDA members.

隨著科技的進步，胰島素泵於世界各地的糖尿病治療的應用愈趨廣泛。為支援本港有需要的糖尿病童，YDA 籌辦胰島素泵支援計劃，資助三名合資格的 YDA 會員使用胰島素泵。

## Eligibility 資格

- YDA members with diabetes aged 7-25  
7-25 歲患糖尿病的 YDA 會員
- Non-existing pump users  
現時非胰島素泵使用者
- Experienced CGM users (1/3 of the time have been using CGM in the past 6 months)  
具使用連續血糖監測儀的經驗（過去 6 個月內，1/3 時間使用連續血糖監測儀）
- Average HbA1c is 7% or above for the past 12 month  
過去 12 個月的平均糖化血紅素值為 7%或以上
- Referred by attending paediatric / endocrine doctors (Appendix I)  
獲兒科 / 內分泌科主診醫生推薦（需由醫生填寫轉介表）

## Format of subsidy 資助形式

Each successful applicant will receive one set of Medtronic MM780G insulin pump free of charge\*

成功申請者將免費獲得美敦力 MM780G 胰島素泵一個\*

- \* Successful applicants will bear all subsequent medical consumables costs.  
所有後續醫療消耗品的費用將由獲選的申請人自費。
- \* Successful applicants are eligible to join the YDA CGM Little Rainbow programme.  
歡迎獲選申請人同時參加 YDA CGM 小彩虹計劃。

## Quotas 名額：3 \*

- \* YDA Approval Committee will vet and select qualified applicants and have the opportunity to invite qualified applicants for interview. The YDA Approval Committee has the right to conclude final decision.  
YDA 審批委員會將甄選合資格申請人，並有機會邀請申請人進行面試。YDA 審批委員會保留挑選申請人的最終決定權。

Application deadline 截止日期：2022-09-15 (Wednesday 星期三)

### Commitment of selected users 獲選申請人的承諾

- Learn the use of insulin pump to better diabetes management 學習使用胰島素泵及有效地改善管理糖尿病
  - Attend insulin pump training sessions by Medtronic 出席所有美敦力公司舉辦的胰島素泵相關培訓課程
  - In the first 24 months upon receipt of insulin pump, users agree to 獲得胰島素泵後的 24 個月，獲選申請人須：
    - Submit status report to Medtronic (HK) every 6 months reporting on blood glucose levels and management of diabetes 每 6 個月向美敦力（香港）提交有關血糖水平及糖尿病管理的進度報告
    - Perform regular calibration of the blood glucose sensor 定期為血糖感應器進行校準
    - Pump be set on SmartGuard™ (Auto) mode 調校胰島素泵至自動模式
    - Attend HbA1c testing at YDA (with a cost of HK\$50 each test) every 6 months, or submit proof from hospital 每 6 個月到 YDA 進行糖化血紅素檢查（每次港幣 50 元），或提交醫院的報告
  - Join YDA publications and social media interview 為 YDA 的出版刊物或社交媒體進行訪問
  - Attend no less than 4 YDA events within 24 months 24 個月內出席 YDA 的活動不少於 4 次
- The insulin pumps are the property of YDA. We reserve the right to take back the pumps if successful applicants fail to: 我們保留收回胰島素泵的權利，如獲選申請人未能:
- Take care and use the pump properly 妥善管理及正確使用獲發的胰島素泵
  - Improve their HbA1c level compare to application time 與申請此計劃時相比，糖化血紅素值沒有得到改善
  - Fulfil the criteria set forth 履行以上承諾

### Methods of application 申請辦法

Complete application and referral form, and send to YDA by post or email.

申請人須填妥此表格及轉介表，郵寄或電郵至本會。

- Mailing address: B17, 9/F, Block B, Merit Industrial Centre, 94 To Kwa Wan Road, Kowloon  
郵寄地址：九龍土瓜灣土瓜灣道 94 號美華工業中心 B 座 9 樓 B17 室
- E-mail 電郵：[support@yda.org.hk](mailto:support@yda.org.hk)

### Enquiries 查詢

For enquiries, please contact YDA social workers.

如有任何查詢，請與本會社工聯絡。

陳姑娘 (Ivy Chan) 2544 3362 ([ivychan@yda.org.hk](mailto:ivychan@yda.org.hk))

羅姑娘 (Hannah Lo) 2543 0555 ([hannahlo@yda.org.hk](mailto:hannahlo@yda.org.hk))

**Part I - Particulars of applicant 第一部份 — 申請人資料**

Name 姓名	(English) Surname	Given Name	(中)
Gender 性別	Male 男 / Female 女	Date of Birth (dd/mm/yyyy) 出生日期 (日/月/年)	/ /
Membership No. 會員號碼		Type of Diabetes 糖尿病類型	Type I 一型 / Type II 二型
Follow Up Hospital 覆診醫院		Year and month of Diagnosis 確診年份及月份	
Other disease (if any) 其他疾病 (如有)			
School 就讀學校		Grade 就讀年級	
Contact Person 聯絡人		Relationship with applicant 與申請人關係	
Email 電郵		Telephone 電話	
Address 地址			

Please "✓" for type(s) of allowance received 請在已獲取的援助/津貼內打「✓」

- Applicant is currently a beneficiary of the Comprehensive Social Security Assistance (CSSA) Scheme  
申請人現正領取綜合社會保障援助 (綜援) 計劃
- Applicant is currently a beneficiary of the YDA Financial Assistance Programme  
申請人現正受惠於兒童糖尿協會醫療用品資助計劃 (FAP)
- Applicant is currently a beneficiary of the YDA CGM Little Rainbow Programme  
申請人現正申請或受惠於兒童糖尿協會 CGM 小彩虹計劃

**Part II - Detail of family 第二部份 — 家庭資料**

**A. Particulars of family members 家庭成員資料**

Family members residing with applicant 與申請人同住的家庭成員				
	Name in English 英文姓名	Name in Chinese 中文姓名	Relationship 關係	Current status# 現況#
1			父 Father	
2			母 Mother	
3				
4				
5				
6				

# In employment (please fill Part C) / Unemployed / Retired / Student (year of study)  
就業 (請填 C 部份) / 失業 / 退休 / 在學 (請註明就讀年級)

**B. Monthly household income 每月家庭總收入**

- HK 港幣 \$0 – 20,000
- HK 港幣 \$20,001 – 40,000
- HK 港幣 \$40,001 – 60,000
- HK 港幣 \$60,001 – 80,000
- HK 港幣 \$80,001 or above 或以上

**Part III - Supplementary Information 第三部份 — 補充資料**

Please “✓” for appropriate item(s) 請在適當的選項打「✓」

- Applicant has another long term disease  
申請人有其他長期疾病  
(Please state 請註明 : \_\_\_\_\_)
- Family member(s) residing with applicant who are disabled or with long term illness  
申請人的同住家人為殘障或患有其他長期疾病  
(Please state 請註明 : \_\_\_\_\_)
- Others information  
其他補充  
(Please state 請註明 : \_\_\_\_\_)

**Notes 附註**

- a. YDA reserves the right to 本會有權 :
- Approve / reject applications, subject at the discretion of YDA. 批核或拒絕任何申請
  - Invite applicants for interview or conduct home visit to understand the condition of the applicant's family status. 邀請申請人進行面試或到訪申請人家家庭進行家訪，了解申請人家家庭狀況
  - Require applicants to provide income proof and / or other supporting documents related to this application  
要求申請人提供收入證明或其他相關證明文件
  - Amend terms or cancel the program without advance notice. 更改或取消本計劃而毋須作出任何通知及解釋
  - Take back the insulin pump if successful applicants not able to fulfil the criteria set on page 2 of this application. 如獲選申請人未能遵從本申請表第二頁所列的承諾，本會有權回收已派發的胰島素泵。
- b. Information collected in the YDA Insulin Pump Campaign is only used for program application, approval and related purposes, and will not be disclosed to third parties. By submitting the application forms, supporting documents and medical referral form, the applicants agree the use of the relevant information by YDA. At the end of the programme, the above-mentioned information will be destroyed. 兒童糖尿協會胰島素泵計劃中收集的資訊僅作計劃申請、審批及其他相關之計劃用途，不會向第三方披露。申請人遞交申請表、證明文件及醫護轉介表時，即表示同意本會使用有關資料。計劃完結時，上述有關資料將被銷毀。

**Declaration 聲明**

I certify that the information provided is true and complete. 本人證明以上所提供的資料屬實，正確無誤。

Signature of Parents / Guardians 家長或監護人簽署 : \_\_\_\_\_

Name 姓名 : \_\_\_\_\_ Date 日期 : \_\_\_\_\_

YDA Office use only 只供 YDA 內部使用	
Result 審核結果	Qualified 合資格 / Disqualified 不合資格
Approved by 審批同事	
Approval date 批核日期	
Date of first round interview 首輪面試日期	
Date of second round interview 次輪面試日期	

To be filled out by the attending Paediatric / Endocrine Doctors

此部份由兒科 / 內分泌科主診醫生填寫

**Appendix I Referral Form 附件一：轉介表**

Name of Applicant 申請人姓名：\_\_\_\_\_ Age 年齡：\_\_\_\_\_

✓ Please tick the appropriate box 請別選適當的方格

1. Is the applicant an existing pump user?

申請人現時是否為胰島素泵用家？

<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
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2. Is the applicant an experienced CGM user (1/3 of the time have been using CGM in the past 6 months)?

申請人是否具有使用連續血糖監測儀的經驗？（過去 6 個月內，1/3 時間使用連續血糖監測儀）

<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
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3. Average HbA1c of the applicant for the past 12 month.

申請人過去 12 個月的糖化血紅素平均值。

HbA1c %
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4. Will you recommend the applicant to join Youth Diabetes Action Insulin pump campaign?

你是否推薦申請人參加兒童糖尿協會的胰島素泵支援計劃？

<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
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5. Supplementary Information (if any) 補充資料（如有）

\_\_\_\_\_

Signature of attending  
Paediatric / Endocrine  
Doctor

兒科 / 內分泌科  
主診醫生簽署：

\_\_\_\_\_ Hospital 醫院： \_\_\_\_\_

Name 姓名： \_\_\_\_\_ Date 日期： \_\_\_\_\_

Email 電郵地址： \_\_\_\_\_