

### Introduction 簡介

Good diabetes management requires self-monitoring of blood glucose multiple times a day. Before Continuous Glucose Monitor (CGM), regular finger-prick test was the only way to monitor glucose level. To help ease the pain and improve life with diabetes. Thanks to the sponsorship of Jockey Club Charities Trust, Youth Diabetes Action will provide 2-year CGM to selected children and youth with diabetes aged 2 to 30.

良好的糖尿病管理依靠每日多次的血糖測試，在連續血糖監測儀 (CGM) 面世前，患者只能使用手指刺針方式 (俗稱「篤手指」) 量度血糖。感謝賽馬會慈善信託基金的資助，兒童糖尿協會將為 2 至 30 歲糖尿病患者提供兩年用量的 CGM，讓他們得到全天候血糖監察，提高生活質素。

### Eligibility 資格

- Diabetes patients aged 2-30  
2 至 30 歲的糖尿病患者
- Hong Kong citizen  
香港市民
- Diabetes patients aged below 2 or above 30 with financial or diabetes management difficulties, or pregnancy  
2 歲以下或 30 歲以上，有財政或糖尿病管理困難或懷孕的糖尿病患者

### Methods of application 申請辦法

Complete application form, consent form and referral form together with supporting documents (if applicable) and post, fax or email to YDA.

申請人須填妥此表格，同意書及轉介表，並連同相關證明文件(如適用)，郵寄，傳真或電郵至本會。

Mailing address: Room 1607, Clifford Centre, 778-784 Cheung Sha Wan Road, Lai Chi Kok, Kowloon  
郵寄地址：九龍長沙灣長沙灣道 778-784 香港中心 1607 室

E-mail 電郵：[SupportDM@yda.org.hk](mailto:SupportDM@yda.org.hk)

Fax 傳真：2544 3711

### Format of subsidy 資助形式

Successful applicants will receive 2 years supply of CGM.

成功申請者將獲得兩年用量的連續血糖監測儀。

### Enquiries 查詢

For enquiries, please contact Youth Diabetes Action Staff.

如有任何查詢，請與本會負責同事聯絡。

劉小姐 (Celia Liu) Email: [celialiu@yda.org.hk](mailto:celialiu@yda.org.hk) Tel: 2544 3899

李小姐 (Wing Ki Lee) Email: [wkleee@yda.org.hk](mailto:wkleee@yda.org.hk) Tel: 2544 3833



**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 1 一型 / Type 2 二型 / Others 其他
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)			
Email 電郵			
Telephone 電話	Brand & model of Mobile Phone 智能電話牌子及型號		
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 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 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

**Part II – Details of parents or emergency contact 第二部份 — 家長或緊急聯絡人資料**

<b>Contact 1 第一位聯絡人</b>			
Name 姓名			
Relationship 關係	Contact number 聯絡電話		
<b>Contact 2 第二位聯絡人</b>			
Name 姓名			
Relationship 關係	Contact number 聯絡電話		

**Part III - Current CGM Consumptions# 第三部份 — CGM 使用現況#**

Have you used CGM before? 曾否使用 CGM ?	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
Are you currently getting CGM from Hospital Authority? * 你現在是否從醫院管理局獲得 CGM ? *	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
If yes, how many you get in the past 12 months? 如有，過去12個月共取得多少個 CGM ?		
Brand of CGM currently using 現使用之 CGM 品牌	<input type="checkbox"/> Dexcom	<input type="checkbox"/> FreeStyle Libre
		<input type="checkbox"/> Medtronic

#YDA reserves the right to allocate the brand and quantity of CGM to successful applicants  
YDA 保留分配 CGM 的數量和品牌的決定權

\* The quantity of CGM distributed under the Jockey Club Support for Young People with Diabetes' programme is complementary to match the CGM programme of the Hospital Authority  
賽馬會年輕糖尿支援計劃所派發的 CGM 數量將配合醫院管理局的 CGM 計劃

**Part IV - Supplementary Information 第四部份 — 補充資料**

e.g. Pregnancy, Special medical needs, relatively higher HbA1c, financial difficulty or other information  
如懷孕、特殊醫療需要、糖化血色素偏高、經濟困難或其他補充事項

Notes 附註

- a. CGM supply will be on first-come-first-serve basis. 名額有限，先到先得，額滿即止。
- b. YDA reserves the right to amend the terms or cancel this Programme at its discretion without any notice.  
本會有權更改或取消本計劃而毋須作出任何通知及解釋
- c. If excess supply of CGM sensors were given due to miscalculation, applicants are liable to return the excess quantity to YDA. 倘若因計算錯誤而導致申請人獲多發放物資，申請人必須把物資退還
- d. Commitment of selected users 申請人承諾：
  - Learn and follow the instruction of proper use of CGM to better diabetes management  
學習使用連續血糖監測儀以改善管理糖尿病
  - Attend CGM installation and training sessions by YDA  
出席 YDA 舉辦的連續血糖監測儀相關培訓課程
  - Attend HbA1c testing at YDA at the beginning, 6<sup>th</sup>, 12<sup>th</sup> and 24<sup>th</sup> month of the 2-year period of receipt of CGM, or submit proof from hospital  
在計劃開始、計劃的第 6、第 12 及第 24 個月到 YDA 進行糖化血紅素檢查，或提交醫院的報告
- e. Selected users need to consult their own attending medical professionals regarding any CGM data or alerts. YDA will not be responsible to any medical data or alerts by CGM provided to users.  
獲選申請人需自行向主診醫護查詢任何與連續血糖監測儀有關的數據或警示。兒童糖尿協會恕不為所提供的連續血糖監測儀的任何醫學數據或警示負責。
- f. The information collected in the Jockey Club Support for Young People with Diabetes Programme is only used for programme application, approval, research and programme related purposes. At the end of the programme, the above-mentioned information will be destroyed.  
賽馬會年輕糖尿支援計劃中收集的資訊僅作計劃申請、審批、研究及其他相關之計劃用途。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 Applicants/Parents or

Guardians

申請人或家長/監護人簽署：

Name 姓名：

Date 日期：

**Documents Checklist 所需文件清單**

Please check if the required documents are attached 請檢查所需文件是否齊備	Applicant check 申請人專用	YDA check YDA 專用
Appendix I 附件一 - Consent form 同意書		
Appendix II 附件二 - Referral form by medical professionals 醫護人員填寫的轉介表		
Supporting documents (for age 30 or above only) (if applicable) 證明文件 (只限 30 歲或以上人士) (如適用)		
- Applicant with financial difficulty: Proof of income for applicants (e.g. copy of salary statement, tax return forms of the last 12 months, or income declaration form) 有經濟困難的申請人之收入證明 (如過去 12 個月期間的糧單、稅單等之副本或收入聲明書)		
- Applicant's proof of pregnancy, if applicable (e.g. copy of consultation appointment slips) 申請人的懷孕證明 (如適用) (例如醫院覆診紙之副本)		

YDA Office use only 只供 YDA 內部使用	
Result 審核結果	Approved 接納 / Not approved 未能批准
Approved model 批核型號	
Approved quantity 批核數量	
Approval due date 獲批期限	
Approved by 審批同事	
Approval date 批核日期	
First batch of CGM pick up date 首次領取 CGM 領取日期	

## Appendix I Consent Form

### 附件一同意書

Name of participant

參加者姓名：

Membership no.

會員編號：

I understand and agree myself / my child to participate in this programme, and agree to the following terms of the Jockey Club Support for Young People with Diabetes Project:

我明白和同意下列賽馬會年輕糖尿支援計劃的條款，並同意本人 / 本人子女參加該計劃：

1. Allergy or bleeding may occur on the applied site of CGM  
明白使用連續血糖監測儀之位置有機會出現敏感或流血等情況
2. I shall make good use of the given CGMs, otherwise I shall return the remaining unused CGMs to the Youth Diabetes Action  
同意善用獲贈之連續血糖監測儀，否則會把餘下數量交還到兒童糖尿協會辦事處
3. I understand and agree to participate in surveys conducted by the Faculty of Medicine, The Chinese University of Hong Kong, for evaluating the benefits of the CGM  
參與香港中文大學醫學院所主導的連續血糖監測儀效益評估調查
4. For the evaluation of the benefits of the usage of CGM, I agree that staff of YDA and delegated members of the study team of the Faculty of Medicine, The Chinese University of Hong Kong can access my/ my child's CGM glucose data and relevant medical information for purposes of evaluating the effectiveness of CGM  
授權兒童糖尿協會職員及香港中文大學醫學院糖尿病研究人員，取得本人或本人子女的連續血糖監測儀的血糖數據及醫療資訊以評估使用連續血糖監測儀的效益
5. Understand that Youth Diabetes Action is only responsible for the distribution of CGM. In case of technical issues with the CGM and other related tools or mobile applications, I will inquire with the manufacturer or supplier of the CGM  
明白兒童糖尿協會只為連續血糖監測儀的派發單位，如遇連續血糖監測儀及其他有關工具或智能電話應用程式的技術問題，將向連續血糖監測儀的生產商或供應商查詢

By signing below, I understand and agree to the above terms and agree the aforementioned participant to join this programme.

以下簽署，表示我明白及同意以上條款，並同意上列參與者參加該計劃。

If participant is **below 18 years old**, parent/guardian please sign the consent form:

如參加者**未滿 18 歲**，請由家長/監護人簽署。

Name of parent/guardian

家長/監護人姓名：

Signature of  
parent/guardian

家長/監護人簽署：

Date

日期：

If participant is **aged 18 or above**, please sign below:

如參加者**年滿 18 歲**，請於下列簽署。

Name of participant

參加者姓名：

Signature of participant

參加者簽署：

Date

日期：

To be filled out by medical professionals 此部份由醫護人員填寫

**Appendix II Referral Form 附件二：轉介表**

Name of Applicant 申請人姓名：\_\_\_\_\_

Age 年齡：\_\_\_\_\_

✓ Please tick the appropriate box 請剔選適當的方格

1. Is the applicant currently participating in Hospital Authority's CGM programme?

申請人現時有否參加醫院管理局轄下連續式血糖監測服務計劃？

<input type="checkbox"/> <b>Yes, reasons (please tick all that apply) 有 · 原因為 ( 請提供所有合適原因 )</b>	
<input type="checkbox"/> Applicant aged 8 or below 8 歲或以下糖尿病患者	<input type="checkbox"/> Applicant diagnosed in the past 12 months 12 個月內新確診
<input type="checkbox"/> Inability to recognise, or communicate about symptoms 無法識別或說出症狀	<input type="checkbox"/> Applicant is a current insulin pump user 胰島素泵使用者
<input type="checkbox"/> Applicant experiences recurrent or unaware of hypoglycaemia 重覆出現或不自覺低血糖	<input type="checkbox"/> HbA1c 7-8% 糖化血紅素為 7-8%
<input type="checkbox"/> HbA1c 8% and above 糖化血紅素為 8%以上	
<input type="checkbox"/> <b>No, the applicant does not fit into any of the above criteria 否 · 申請人不符合上述標準</b>	

2. The Youth Diabetes Action "Jockey Club support for Young People with Diabetes" programme will support and evaluate real-time CGM use in young people with diabetes. Do you recommend the applicant for the programme? 兒童糖尿協會的「賽馬會年輕糖尿支援」計劃會為年輕糖尿病患者提供支援及評估實時連續式血糖監測的服務。你是否推薦申請人參加此計劃？

<input type="checkbox"/> <b>Yes, and I recommend the applicant to use the below brand 是 · 並建議申請人使用</b>		
<input type="checkbox"/> Dexcom	<input type="checkbox"/> Medtronic	<input type="checkbox"/> Other CGM brands:
<input type="checkbox"/> No, I do not recommend 否 · 我不推薦申請人參加		

3. Special Approval for aged below 2 or above 30 (if applicable)

2 歲或以下或年過 30 歲的特別批核 ( 如適用 ) :

Applicant is aged below 2 or above 30 and I recommend him/her to join the "Jockey Club Support for Young People with Diabetes" because (please indicate below)

申請人為 2 歲以下或 30 歲以上患者 · 我推薦申請人參加「賽馬會年輕糖尿支援」計劃, 因為:

- Financial difficulty 經濟困難
- Pregnancy 懷孕
- Diabetes management difficulties 血糖管理困難
- Others 其他 \_\_\_\_\_



**Youth Diabetes  
Action**  
兒童糖尿協會

**Jockey Club Support for Young People with Diabetes**  
賽馬會年輕糖尿支援計劃申請表格

Signature of  
medical  
professional  
醫護人員簽署：

\_\_\_\_\_

Hospital 醫院：

\_\_\_\_\_

Name 姓名：

\_\_\_\_\_

Date 日期：

\_\_\_\_\_