



Introduction 簡介

With the advancement of technology, insulin pumps can bring welcomed relief of injections. Youth Diabetes Action (YDA) will provide insulin pumps with 3-year medical consumables to 10 diabetes patients, under the sponsorship of Jockey Club Charities Trust.

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。感謝賽馬會的資助，為支援本港有需要的糖尿病童，YDA 將會提供胰島素泵及 3 年用量的醫療消耗品予 10 名合資格的糖尿病患者。

Eligibility 資格

- Type 1 Diabetes patients aged 7-25
7-25 歲的一型糖尿病患者
- 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 Medtronic MM780G insulin pump with 3- year Insulin Pump consumables
成功申請者將獲得美敦力 MM780G 胰島素泵及 3 年用量的胰島素泵消耗品

Quotas 名額：10*

* 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。

Methods of application 申請辦法

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

申請人須填妥此表格及轉介表，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
- Fax 傳真：2544 3711

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。

李小姐 (Wing Ki Lee) Email: wklee@yda.org.hk Tel: 2544 3833



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	
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)

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

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

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

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 : _____)
- Others information 其他補充
(Please state 請註明 : _____)



Notes 附註

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庭進行家訪，了解申請人家庭狀況
- 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

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。

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。

Signature of

parent/guardian

家長/監護人簽署： _____

Name of

parent/guardian

家長/監護人姓名： _____

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。

Signature of

participant

參加者簽署： _____

Name of

participant

參加者姓名： _____

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		

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	



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：

- Learn the use of insulin pump to better diabetes management
學習使用胰島素泵以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
- 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 at the beginning, 6th, 12th and 24th month, 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
- Selected users need to consult their own attending medical professionals regarding any Insulin Pump data or alerts. YDA will not be responsible to any medical data or alerts by Insulin Pump provided to users.
獲選申請人需自行向主診醫護查詢任何與胰島素泵有關的數據或警示。兒童糖尿協會恕不為所提供的胰島素泵的任
何醫學數據或警示負責。
- The information collected in the Jockey Club Support for Young People with Diabetes Programme is only used for program 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。
- We reserve the right to take back the pumps and re-assign to other applicants if successful applicants fail to:
我們保留收回胰島素泵的權利並重新分配予其他申請人，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

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。

Signature of

parent/guardian

家長/監護人簽署：

Name of

parent/guardian

家長/監護人姓名：

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。

Signature of

participant

參加者簽署：

Name of

participant

參加者姓名：

Date

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 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
--------------------------------	-------------------------------

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
--------------------------------	-------------------------------

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
%

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
--------------------------------	-------------------------------

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：_____