

Permission Form for Requesting Access to the Operation Manual of the Active Prevention & Early Detection of Cognitive Impairment (“APEC”)

The Simon K Y Lee Elderly Fund (“the Fund”) has developed the APEC Operation Manual (“the Manual”) to promote further use of the APEC Model to benefit elders with mild cognitive impairment (“MCI”) in delaying onset of dementia. The Manual provides an implementation guide and useful reference for service units to deliver the APEC Model. For interested parties, please fill out the form below to request access to the Manual.

Note: The Manual must be used by, or used under the supervision of, a professional trained in the area of elderly services.

There is no fee associated with accessing the Manual. While the Fund wishes to disseminate the Model as widely as possible, we reserve the right to approve or disapprove applications at our sole discretion. Your request will be reviewed and you will be notified upon completion.

For enquiries, please email slinfo@simonkyleefoundation.org

Submit this form by email to the email address above, or fax to 2299 5609.

1) Contact of Requesting Persons (Please provide 2, if available)

Main Contact

Title: Mr. /Miss. /Ms. /Mrs. / Dr. / Prof.

First Name: _____ Last Name: _____

Company: _____ Work Title: _____

Phone: _____ Email: _____

Secondary Contact

Title: Mr. /Miss. /Ms. /Mrs. / Dr. / Prof.

First Name: _____ Last Name: _____

Company: _____ Work Title: _____

Phone: _____ Email: _____

2) Type of Access Requested

Are you seeking access for: ☐ Individual Use ☐ Organizational Use

If you are applying for *individual use*, please specify purpose:

3) Organization Information (please fill this in if your answer in Question 2 is “Organizational Use”)

Note: Only one application is needed for organizations that have more than 1 unit of the same type of operation (see below). A separate application form is required for each type of operation per organization. E.g. if Organization A has 12 operating units that run as charitable organizations but also have 2 units of social enterprises, it will have to submit 2 applications, one per each type of operation

Organization Name: _____

Address: _____

Type of Operation: ☐ Charitable organization exempt from tax under Sec. 88 of the Inland Revenue Ordinance (Cap. 112) ☐ Social enterprise
☐ Private enterprise ☐ Others, please specify: _____

Brief Description of the Nature of Organization:

Does your organization currently provide services to MCI elders? If yes, please give a brief description:



Planned Purposes for Accessing the Manual:

Note:

1. The Fund shall be acknowledged whenever the Manual was adopted and referenced from in part or in full.
2. Under no circumstances shall the Fund be liable for any indirect, incidental, consequential, special or exemplary damages arising out of or in connection with your access or use of the Manual.
3. No part of the Manual may be reproduced, distributed, or transmitted in any form or by any means without the prior written permission from the Fund.

By signing below, I have read and agree to the above terms and conditions.

Signature:

Date:

Company Chop:
