

**Organizer:**



香港老年學會  
Hong Kong Association of Gerontology

**Co-organizer:**



香港浸會大學  
HONG KONG BAPTIST UNIVERSITY



社會科學院  
FACULTY OF SOCIAL SCIENCES

# 28<sup>th</sup> Annual Congress of Gerontology

## FIRST ANNOUNCEMENT

Date: 27<sup>th</sup> November 2021 (Saturday)

Time: 9:00 am to 5:30 pm

Theme: Ageing in a Smart Society

Venue: Hong Kong Baptist University

Wing Lung Bank Building WLB 103 & WLB 104

Registration: For HKAG members only

*[Non-members please complete membership application.*

*You may refer to last two pages for details]*

### **Registration Link:**

<https://forms.gle/v488XrbZD7ChxP7h6>



Outstanding  
Paper Award

### **Call for Abstracts:**

Please submit your application and your abstract to <https://forms.gle/QkVDdeH58pjsWVzM8> by 27<sup>th</sup> September 2021 (Monday).

Abstracts submitted to the Congress will be assessed by a selection panel for inclusion in the Outstanding Paper Award Presentation Session of the Congress. The Outstanding Presentations will be awarded 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> prizes of HK\$5,000, \$3,000 & \$2,000 respectively.

*For enquiries, please contact the Congress Secretariat via phone at 2775-5756 or via email at [congress@hkag.org](mailto:congress@hkag.org)*

**Organizer:**



**香港老年學會**  
Hong Kong Association of Gerontology

**Co-organizer:**



**香港浸會大學**  
HONG KONG BAPTIST UNIVERSITY



**社會科學院**  
FACULTY OF SOCIAL SCIENCES

## ***28<sup>th</sup> Annual Congress of Gerontology***

### ***Tentative programme***

<b>Morning Session</b>
<b>Welcome Address: Dr. Edward M F Leung, President, HKAG</b> <b>Officiating Guest and Keynote Speech: Mr. Leung Chung Tai, Director of Social Welfare</b>
<b>Plenary Session I</b>
<b>Population Growth and Ageing in China</b> Prof. Du Peng <i>Vice President, Renmin University of China</i>
<b>Ageing impact in Hong Kong</b> Prof. Paul Yip <i>Chair Professor (Population Health), Department of Social Work and Social Administration, University of Hong Kong</i>
<b>Striving for a more sustainable and equitable long-term and end-of-life care in Hong Kong</b> Prof. Roger Chung <i>Assistant Professor, School of Public Health, Chinese University of Hong Kong</i>
<b>Long Term Care Needs in Ageing Population - case of Hong Kong and Macao in its planning</b> Prof. Wong Yu Cheung <i>Professor, Felizberta Lo Padilla Tong School of Social Sciences, Caritas Institute of Higher Education</i>
<b>Plenary Session II</b>
<b>Advances in Gerontological Nursing</b> Ms. Cheng Po Po <i>Nurse Consultant (Gerontology), Yan Chai Hospital, Kowloon West Cluster, Hospital Authority</i>
<b>Cognitive Rehabilitation for Older Adults with Dementia</b> Dr. Grace Lee <i>Occupational Therapist, Adjunct Associate Professor, Department of Rehabilitation Science, Polytechnic University of Hong Kong</i>
<b>Managing the emotional well-being of the Invisible Patients</b> Dr. Adrian Wong <i>Clinical Psychologist, Adjunct Associate Professor, Department of Medicine and Therapeutics, Chinese University of Hong Kong</i>
<b>End of Life Care in Advance Dementia: Trends and Impact of Careful Hand Feeding in Hong Kong</b> Dr. Jacqueline Yuen <i>Clinical Assistant Professor, Division of Geriatrics, Department of Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong</i>
<b>Annual General Meeting</b>
<b>Afternoon Session:</b> <b>Outstanding Paper Presentation and Award</b> <b>Free Paper Presentation I and II</b>

Organizer:



香港老年學會  
Hong Kong Association of Gerontology

Co-organizer:



香港浸會大學  
HONG KONG BAPTIST UNIVERSITY



社會科學院  
FACULTY OF SOCIAL SCIENCES

## 28<sup>th</sup> Annual Congress of Gerontology

### ABSTRACT SUBMISSION FORM

Author(s): \_\_\_\_\_  
(Please give full names)

Organization & Department: : \_\_\_\_\_

Position: \_\_\_\_\_

Presenter(s): \_\_\_\_\_  
(Please give full names)

Name of contact person: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Paper Title: \_\_\_\_\_

The Paper is related to the Congress theme in the following ways:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ABSTRACT: (please submit this form together with your abstract typed in Microsoft Word)

1. Please list the purposes, methods, sample size, year and results of the study in about 300 words (**must be typewritten in doc format**).
2. Send it before **27<sup>th</sup> September 2021 (Monday)** to the Congress Secretariat via email : [congress@hkag.org](mailto:congress@hkag.org)
3. All presenters must **register with the Conference Secretariat**.

**Organizer:**



香港老年學會  
Hong Kong Association of Gerontology

**Co-organizer:**



香港浸會大學  
HONG KONG BAPTIST UNIVERSITY



社會科學院  
FACULTY OF SOCIAL SCIENCES

## *28<sup>th</sup> Annual Congress of Gerontology*

### **REGISTRATION FORM**

Please type or print in **Block Letters** & return this form to the Congress Secretariat via email at [congress@hkag.org](mailto:congress@hkag.org).

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

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Organization & Department: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a member of HKAG?    Yes / No

Would you like to receive latest news and updates from Hong Kong Association of Gerontology?    Yes / No



## 香港老年學會 — 會籍申請表

HONG KONG ASSOCIATION OF GERONTOLOGY  
MEMBERSHIP APPLICATION

FOR OFFICIAL USE ONLY

此欄由本會填寫

No:

Year: \_\_\_\_\_

 Cash  Cheque  ATM

MEM/AB -

\* 必須填寫 Must be filled

*會籍類別 Membership Category (只可選一項 Select one item only)				新會員 New Member	續會 Renewal	更改資料 Change of Information
<input type="checkbox"/>	個人會員 Ordinary Member	1月1日至6月30日入會 Join from 1 Jan to 30 Jun	<input type="checkbox"/> \$200/ 1年 year <input type="checkbox"/> \$300/ 2年 years <input type="checkbox"/> \$400/ 3年 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		7月1日至12月31日入會 Join from 1 Jul to 31 Dec	<input type="checkbox"/> \$150/ 1年 year <input type="checkbox"/> \$250/ 2年 years <input type="checkbox"/> \$350/ 3年 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	機構會員 Organization Member		<input type="checkbox"/> \$600/ 1年 year <input type="checkbox"/> \$1100/ 3年 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	學生會員(全日制) Student Member (Full-Time)		<input type="checkbox"/> \$150/ 1年 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	長者會員(60歲或以上) Associate Member (Aged 60 or above)		<input type="checkbox"/> \$150/ 1年 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

個人資料 Personal information (只適用於個人、學生及長者會員 For Ordinary / Student / Associate Member only)

稱謂 Title:  Mr 先生  Ms 女士  Miss 小姐  Dr 醫生  Prof 教授  Dr 博士性別 Gender:  Male 男  Female 女

\*英文姓名: \_\_\_\_\_ \*中文姓名: \_\_\_\_\_

\*Name 姓氏 Last Name 名稱 First Name

\*Name in Chinese

機構:

Organization: \_\_\_\_\_

職位 / 銜頭:

Position / Title: \_\_\_\_\_ 最高學歷: Highest Academic Qualification: \_\_\_\_\_

\*通訊地址:

\*Correspondence Address: \_\_\_\_\_

\*電郵地址:

\*Email Address: \_\_\_\_\_ 傳真號碼 Fax No.: \_\_\_\_\_

\*流動電話:

\*Mobile: \_\_\_\_\_ 住宅電話 Telephone: \_\_\_\_\_ 辦公室 Office: \_\_\_\_\_

\*請選擇你所屬的行業類別 (只適用於個人會員申請) Please select the category you belong to (For Ordinary Members Only)

<input type="checkbox"/>	類別一 CATEGORY 1	行政 Administrative	法律 Law	<input type="checkbox"/>	類別四 CATEGORY 4	營養 Nutrition	物理治療 Physiotherapy
		管理 Management	傳媒 Media			足療 Chiropody	言語治療 Speech Therapy
<input type="checkbox"/>	類別二 CATEGORY 2	資訊 Communication	商業 Business	<input type="checkbox"/>	類別五 CATEGORY 5	復康 Rehabilitation	職業治療 Occupational Therapy
		政策策劃 Public Policy	財經 Finance			藝術 Arts	輔導 Counselling
<input type="checkbox"/>	類別三 CATEGORY 3	策劃與發展 Planning and Development		<input type="checkbox"/>	類別六 CATEGORY 6	康樂 Recreation	精神健康 Mental Health
		護理 Nursing				社會工作 Social Work	長者服務從業員 Service Provider
<input type="checkbox"/>	類別四 CATEGORY 4	醫藥 Medicine	牙科 Dentistry	<input type="checkbox"/>	類別七 CATEGORY 7	宗教 Religion	研究 Research
<input type="checkbox"/>	類別五 CATEGORY 5			<input type="checkbox"/>	類別六 CATEGORY 6	教育 Education	技術 Technology 科學 Science
<input type="checkbox"/>	類別六 CATEGORY 6			<input type="checkbox"/>	類別七 CATEGORY 7	其他(如退休, 主婦) Miscellaneous (e.g. Retired, Housewife)	

 本人同意香港老年學會使用本人所提供之個人資料作為與本人聯絡及推廣活動用途。

I consent to the use of my personal data by Hong Kong Association of Gerontology for the purposes of communication and activity promotion.

 本人已細閱、明白及同意接受後頁的個人資料收集聲明，並確認所有填報的資料均屬正確。

I have read, understood and agreed to accept the Personal Information Collection Statement and confirmed all information provided is accurate.

申請人簽名 Signature of Applicant: \_\_\_\_\_ 日期 Date: \_\_\_\_\_

1. 會籍有效期由每年之一月一日至十二月三十一日。  
Membership Dues: The Association's membership is valid from 1st January to 31st December.
2. 會籍一經批核，已繳之會員費概不退還。  
Once approved, initial administration fee and membership subscriptions are non-refundable.
3. 所有「個人會員」都有提名及被提名加入本會之理事會的權利。  
All Ordinary Members possess the right to nominate and to be nominated for the Association's Council.

### 付款方法 Payment method

現金：親身至尖沙咀金巴利道35號金巴利中心一樓

郵寄/親身交付支票：抬頭「香港老年學會」，郵寄至「尖沙咀金巴利道35號金巴利中心一樓」，支票背面寫上申請者的姓名及聯絡電話。

轉帳：匯豐銀行帳戶600-633903-002，轉帳後請於三個工作天內將轉帳紀錄（入數紙），寫上姓名及聯絡電話，拍照並以whatsapp傳送至手機號碼9844 6835或掃描至account@hkag.org 或郵寄至本學院

Cash: Pay at our reception counter at 1/F., Kimberley House, 35 Kimberley Road, Tsim Sha Tsui.

Cheque: Prepare a cheque payable to "Hong Kong Association of Gerontology", and send to "1/F., Kimberley House, 35 Kimberley Road, Tsim Sha Tsui". Applicant's name and contact number should be written at the back of the cheque.

Bank transfer: Transfer to our HSBC account 600-633903-002, and send the transfer record to us within 3 working days. You can either send the image of the transfer record to our mobile via whatsapp at 9844 6835, email the copy to account@hkag.org or send us by mail.

### 個人資料收集聲明 Personal Information Collection Statement

香港老年學會致力保護閣下的個人資料，絕不會出售或與第三方交易閣下的個人資料。為確保閣下能有效地接收有關本會資訊及推廣，本會會使用閣下之電郵地址、通訊地址、手提電話號碼、電話號碼及其他已收集資料，並透過各種通訊渠道向閣下發放本會資訊。

Hong Kong Association of Gerontology puts efforts to protect the personal information collected, and would not sell the information to third parties. To ensure you can receive our updates and activities effectively, we would use your email address, correspondence address, mobile number, telephone number and other collected information for updates and activities release.

#### I. 收集資料的目的 Purpose of Collection

閣下提供的個人資料，會用作下列一項或多項的用途：

The personal data you provided may be used for one or more than one of the following purpose(s) :

- (a) 處理此表格列明的報名、付款 Process registration and payment as indicated in this form ;
- (b) 統計及研究用途 Statistical and research purposes ;
- (c) 法例規定、授權或准許的任何其他合法用途 Other legitimate purposes as may be required or permitted by law.

#### II. 資料轉交的類別 Classes of Transferees

為達至第1段所述的目的，你所提供的個人資料，有需要時，會轉交香港老年學會相關部門使用。

To serve the purposes mentioned in Section I, your personal information might transfer to other divisions of our association whenever necessary.

#### III. 查閱及修改個人資料的權利 Access and Correction Rights

根據個人資料（私隱）條例，你有權要求查閱及修改你的個人資料。如果你希望查閱或修改你的個人資料，請致電2775-5756。

Under the Personal Data (Privacy) Ordinance, you have the right to request access and the correction of your personal data. If you wish to request access or make corrections to your personal information, you could call 2775-5756.