****

**APPLICATION FORM**

**REFERENCE NO.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PETSA *(Date):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Sagutan ang lahat ng patlang at lagyan ng tsek “ ✓ “ ang angkop na sagot. *(Fill up all the black spaces and check the answer that applies.)***

**Sa pamamagitian ng pag sagot sa Application Form na ito, malaya kong ibinibigay ang aking pahintulot na kunin, gamitin, at itago ang aking personal na impormasyon pati ang aking impormasyon na paggagamutan, pagsusuri, at resulta sa laboratoryo para sa aking aplikasyon para sa programang Kapatiran Para sa Cancer, at aking nabasa at lubos na naintindihan ang mga naksaad sa *DATA PRIVACY STATEMENT* sa ibaba*( By accomplishing this Application Form, I willingly consent to the collection, use, and retention of my personal information including my medical information, diagnosis, and laboratory results for the purpose of my application to the Kapatiran Para sa Cancer program, and that I have read and fully understood the contents of the DATA PRIVACY STATEMENT below)*:**

**DATA PRIVACY STATEMENT**

“ICanServe in cooperation with Detoxicare Phils Inc. (the “Parties”) shall protect the data you provide in compliance with Republic Act (R.A.) 10173, otherwise known as the “Data Privacy Act of 2012” of the Republic of the Philippines, including its Implementing Rules and Regulations (IRR). The Parties will not collect, disclose or process personal data, including data that may be classified as personal information and/or sensitive personal information unless you voluntarily choose to provide and give your consent thereto, or unless such disclosure is required by applicable laws and regulations. Personal or sensitive personal information is information pertaining to racial or ethnic origin, religious belief, political affiliations, education, health or information provided by government agencies which are peculiar to individuals and such other data declared to be sensitive. ***(Ang ICanServe sa pakikipagtulungan sa Detoxicare Phils Inc. (o " Mga Partido ") ay pinoprotektahan ang data na iyong inilahad alinsunod sa Republic Act (RA) 10173 o ang " Data Privacy Act of 2012 "ng Republika ng Pilipinas, at sa Implementing Rules and Regulations (IRR ) nito. Ang mga Partido ay hindi mangongolekta, ibubunyag o ipoproseso ang personal na data, tulad ng mga data na na-iclassify bilang personal na impormasyon at / o sensitibong personal na impormasyon, maliban kung kusa mong ibinigay at pinahintulutan ito, o maliban kung ang naturang pagsisiwalat ay kinakailangang ilahad ayon sa naaangkop na batas at regulasyon . Ang personal o sensitibong personal na impormasyon ay mga impormasyon na tumutukoy sa lahi o ethnic origin, relihiyon, politikal na kaugnayan, edukasyon, kalusugan o impormasyon na ibinigay ng mga ahensya ng gobyerno na natatangi sa mga naturang indibidwal, at iba pang data na idinedeklarang sensitibo.)***

By accomplishing this Application Form and signing below, you confirm that you are freely and voluntarily giving your consent to the collection of data, which may include personal information and/or sensitive information (the “Data”) which shall be used for purposes of your application to the *Kapatiran Para sa Cancer Program*. The Parties shall take appropriate and reasonable technical and organizational measures to ensure the requisite data security to protect the Data against unauthorized disclosure or unauthorized access. The Parties shall require its affiliates, subsidiaries and third parties who process the Data to adhere to similar or comparable data protection standards as required by the Data Privacy Law of 2012. You understand that you are given certain rights under the Data Privacy Act, including the right to object to processing of your data, the right to access your data, the right to correct any inaccurate data, and the right to erasure or blocking of data. “ ***(Sa pagsagot sa Application Form na ito at ang iyong pag-pirma sa ibaba, ikaw ay malaya at kusang-loob na ibinibigay at pinahihintulutan ang koleksyon ng data, na maaaring may nilalaman na mga personal na impormasyon at / o sensitibong impormasyon (o "Data") na gagamitin para sa iyong aplikasyon sa Kapatiran Para sa Cancer Program. Ang mga Partido ay magbibigay ng angkop at makatwirang pamamaraan na teknikal at organisasyunal upang matiyak ang seguridad ng Data laban sa hindi awtorisadong pagsisiwalat o hindi awtorisadong pag-access nito. Ang mga Partido ay sisiguraduhin na ang mga kaakibat nito, mga subsidiary at mga ikatlong partido na nagpoproseso ng Data ay susunod sa mga pamantayan sa proteksyon ng data alinsunod sa Data Privacy Law of 2012. Naiintindihan mo na ikaw ay may karapatan sa ilalim ng Data Privacy Act, tulad ng karapatang tutulan ang pagproseso ng iyong data, karapatan na ma-access ang iyong data, karapatan na iwasto ang mga inaccurate na data, at karapatan na burahin o pigilan ang data. )***

**1. BAGONG APLIKANTE DATING APLIKANTE**

***(New Applicant) (Old Applicant)***

**2. BUONG PANGALAN NG PASYENTE:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Full Name of Patient)* APELYIDO *(Surname)* PANGALAN *(Given name)* GITNANG PANGALAN *(Middle name)***

**3. TIRAHAN *(Address)***

**Permanente (*Permanent)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***No. Street Brgy. Municipality/City Province Region***

**Pansamantala *(Temporary) \_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***No. Street Brgy. Municipality/City Province Region***

**4. KATAYUANG SIBIL: Walang Asawa *(Single)* Kasal *(Married)***

***(Civil Status)* Balo *(Widow(er))*  Hiwalay *(Separated)***

**May Kinakasama *(With Common Law Partner)***

**Others *(Pakisulat)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. PETSA NG KAPANGANAKAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Birth Date) mm/dd/yr**

**6. EDAD \_\_\_\_\_\_\_\_\_\_ 7. KASARIAN: Lalake Babae**

***(Age) (Sex)***

**8. NATIONALITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. RELIGION *(Relihiyon)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10. NATAPOS NA ANTAS NG PAG-AARAL:**

***(Highest Educational Attainment)* Post-graduate High School**

**Vocational Elementary**

**College Walang Natapos *(None)***

**11. HANAPBUHAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 12. BUWANANG KITA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Occupation) (Monthly Income)***

**13. MIYEMBRO NG PAMILYA NA KASAMA SA BAHAY *(HOUSEHOLD FAMILY COMPOSITION)***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PANGALAN**  ***(Name)*** | **EDAD**  ***(Age)*** | **KATAYUANG**  **SIBIL**  ***(Civil Status)*** | **RELASYON SA PASYENTE**  ***(Relation to Patient)*** | **NATAPOS NA PAGAARAL**  ***(Educational Attainment)*** | **HANAPBUHAY**  ***(Occupation)*** | **BUWANANG KITA**  ***(Monthly Income)*** |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**14. IBA PANG PINAGKAKAKITAAN *(OTHER SOURCES OF INCOME)***

**Sources within the household \_\_\_\_\_\_\_\_ Sources outside the household \_\_\_\_\_\_\_**

**Total Monthly Income \_\_\_\_\_\_\_\_\_\_\_\_\_ Total Monthly Income \_\_\_\_\_\_\_\_\_\_\_\_**

**15. IBA PANG GASTUSIN *(OTHER EXPENDITURES)***

**Pagkain (Food) P \_\_\_\_\_\_\_\_\_\_\_**

**Bahay (Housing) \_\_\_\_\_\_\_\_\_\_\_**

**Edukasyon (Education) \_\_\_\_\_\_\_\_\_\_\_**

**Transportasyon (Transportation) \_\_\_\_\_\_\_\_\_\_\_**

**Iba pang gastusin (Miscellaneous) \_\_\_\_\_\_\_\_\_\_\_**

**Total Monthly Expenditures (TME) P \_\_\_\_\_\_\_\_\_\_\_**

**Total Gross Monthly Income (TGMI) P \_\_\_\_\_\_\_\_\_\_\_\_ (Sources within + outside Household)**

**Net Monthly Income (TGMI-TME) P \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**16. MIYEMBRO NG PHILHEALTH? Member Dependent Non-Member**

**17. DIAGNOSIS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Cancer Name and Stage (if Stage 4 indicate which body organ is damaged or affected)**

**18. KUNG DATING APLIKANTE:**

**URI, HALAGA NG TULONG AT KAILAN NATANGGAP ITO MULA SA KAPATIRAN PARA SA KANSER**

***(Type of Previous Assistance and Date Received)***

|  |  |
| --- | --- |
| **Uri ng Tulong (NotIce of Request)** | **Petsa (Date Received)** |
|  |  |
|  |  |
|  |  |
|  |  |

***Pinatutunayan ko na ang lahat ng inilahad ko dito ay pawang totoo at tama ayon sa aking kaalaman at***

***kakayahan. Nababatid at naiintindihan ko na anumang maling impormasyon na aking sadyang ibinigay ay maaaring maging dahilan na hindi mapagbigyan ang aking kahilingan at maging dahilan sa paghabla ng kasong ligal laban sa akin. (I hereby certify that all the information as stated above are true and correct based on my knowledge and capacity. I understand that anyfalsehood stated here may result in the rejection of my request and the filing of legal charges against me.)***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lagda o Thumbmark ng Aplikante sa Itaas ng Pangalan**

***Signature or Thumbmark Above Applicant’s Printed Name***

**ID na Ipinakita *(Valid ID presented) \_\_\_\_\_\_\_\_\_\_\_\_\_***

**Kung walang ID, Sertipikasyon/Pruweba ng Pagkakakilanlan**

***In lieu of ID, Certification/Proof of Identity* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Kung kinatawan, Relasyon sa Pasyente *(Relation to Patient)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Numerong Telepono *(Contact No.)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**---------------------------------Huwag Magsulat sa Ibaba ng Linya (Do not write anything beyond this line------------------------------------------**

**ICANSERVE Assessment and Recommendations:**

***REVIEWED AND EVALUATED BY: APPROVED BY:***

***Marife C. Leon Ma. Jocelyn Kara M. Alikpala***

*Name and Signature* *Name and Signature*

***Dr. Cecile Montales***

*Name and Signature*