

Note: This application form supersedes the application form in appendix G of Code of Practice for Residential Care Homes (Elderly Persons) September 1999 (Revised Edition).

## RESIDENTIAL CARE HOMES (ELDERLY PERSONS) REGULATION

### Application for Registration as a Health Worker

full face  
photograph of  
applicant to be  
affixed here

**Attention :**

In accordance with Section 5 of the Residential Care Homes (Elderly Persons) Regulation, the Social Welfare Department has established and maintained the Register of Health Workers for inspection by the public free of charge. All persons included in this Register are persons registered as health workers according to Section 6(2) of the Regulation for the purposes of employment at a residential care home. Any person who collects the personal data of the health workers as included in this Register for direct marketing purposes may contravene the use limitation requirement of Principle 3 in Schedule 1 of the Personal Data (Privacy) Ordinance. Complaints by health workers for such purpose can be addressed to the Office of the Privacy Commissioner for Personal Data.

Enquiry : 2961 7220 or  
2961 7221

Application form should be sent to :

Director of Social Welfare  
Licensing Office of  
Residential Care Homes for the Elderly,  
Social Welfare Department,  
Room 2354, 23/F, Wu Chung House,  
213 Queen's Road East,  
Wan Chai, Hong Kong

Applicant's correspondence address :

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

Daytime Contact Phone No.: \_\_\_\_\_

1. I forward the following particulars of myself and request you to include me in your Register of Health Workers under Regulation 6(1) of the Residential Care Homes (Elderly Persons) Regulation.

2. Particulars :

( a ) Name (Mr/Mrs/Miss/Ms)\*

(in English)

\_\_\_\_\_  
(in block letters)

(in Chinese)

( b ) Aliases \_\_\_\_\_

\*Delete as appropriate

( c ) Date of birth \_\_\_\_\_

( d ) Nationality \_\_\_\_\_

( e ) Hong Kong Identity Card Number \_\_\_\_\_

( f ) Residential address  
\_\_\_\_\_  
\_\_\_\_\_

( g ) Telephone number \_\_\_\_\_

( h ) Education in detail

Name of Schools and Universities	Date of Entry (month/year)	Date of Leaving (month/year)	Highest Class/Form Completed	Certificate/Diploma/Degree Achieved (copies to be attached)	Official Use

( i ) Relevant training on care for elders attended : (including details of the course, date of attendance, certificate obtained and attaching a copy of the certificate showing the completion of the course)

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

(j) Details of experience (this refers to working experience in residential care homes for the elderly)

Name of Home	Post Held	Date of Commencement (month/year)	Date of Leaving (month/year)	Official Use

(k) Other working experience :

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3. **I attach herewith the following documents to this application :**

- (a) photocopy of my Hong Kong Identity Card
- (b) one full face photograph with name written on the back (the same as that affixed above for the certificate)
- (c) photocopies of certificate and/or testimonial of educational attainment and completion of Health Worker Training Course
- (d) reference by two referees

4. The contents of this application are true and complete to the best of my knowledge and belief.

Signature of applicant : \_\_\_\_\_

Date : \_\_\_\_\_

\*Delete as appropriate

## Particulars of Referees

To be completed by 2 referees who must not be family members or relatives of applicant :

( a ) Name of full (Mr/Mrs/Miss/Ms)\*

\_\_\_\_\_ ( \_\_\_\_\_ )  
(in block letters) (in Chinese)

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Occupation \_\_\_\_\_

Relationship with applicant \_\_\_\_\_

Years of acquaintance with applicant \_\_\_\_\_

Signature of referee : \_\_\_\_\_

Date : \_\_\_\_\_

( a ) Name of full (Mr/Mrs/Miss/Ms)\*

\_\_\_\_\_ ( \_\_\_\_\_ )  
(in block letters) (in Chinese)

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Occupation \_\_\_\_\_

Relationship with applicant \_\_\_\_\_

Years of acquaintance with applicant \_\_\_\_\_

Signature of referee : \_\_\_\_\_

Date : \_\_\_\_\_

\*Delete as appropriate