

RESIDENTIAL CARE HOMES (ELDERLY PERSONS) REGULATION Application for Registration as a Health Worker

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 the Personal Data (Privacy) Ordinance. Complaints by health workers about such use of data for marketing purpose can be addressed to the Office of the Privacy Commissioner for Personal Data. The Licensing Office of Residential Care Homes for Persons with Disabilities may access the data of registered health workers in accordance with Chapter 613 of Residential Care Homes (Persons with Disabilities) Ordinance.

Enquiries Telephone Number of
Health Worker Registration
2961 7264 or 2961 7265

Applicant's correspondence address:

Application form should be sent to:
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

Daytime contact telephone number: _____

1. I forward the following particulars of myself for application for registration as a Health Worker under Regulation 6(1) of the Residential Care Homes (Elderly Persons) Regulation.
2. Personal particulars
 - (a) Name
(English) _____
(Please provide in BLOCK LETTERS)
(Chinese) _____
 - (b) Sex Male Female

Restricted (Personal Data)

- (c) HKIC No. _____
- (d) Date of birth _____
- (e) Residential address _____
- (f) Correspondence address _____
(if different from (e)) _____
- (g) Telephone no. (residential) _____
Telephone no. (mobile) _____
- (h) Means of contact Email Post
(may choose both)
- (i) Email address _____
- (j) Particulars of educational attainment (only information of secondary and above education is required)

Name of School(s)	Date of Entry (month/year)	Date of Leaving (month/year)	Highest Class/Form Completed	Certificate/Diploma/ Degree Achieved (copies to be attached)

- (k) Training on care for the elderly attended

Name of Course(s)	Date of Enrolment	Date of Completion	Official Certificate Achieved

(l) Details of working experience in residential care homes for the elderly

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

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

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

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

Signature of applicant: _____

Date: _____

