

Staff List of Residential Care Home for Persons with Disabilities (RCHD)

Name of RCHD: \_\_\_\_\_

Name of RCHD: \_\_\_\_\_

Telephone of RCHD: \_\_\_\_\_

Date of Report: ☐ 31/3/20 \_\_\_\_ ☐ 30/6/20 \_\_\_\_ ☐ 30/9/20 \_\_\_\_ ☐ 31/12/20 \_\_\_\_  
(dd/mm/yyyy) Another date (please specify): ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_

No. of Residents on the Date of Report: \_\_\_\_\_ (including resident(s) on home leave or staying in hospital)

No. of Beds on the Date of Report: \_\_\_\_\_

Operator/Home Manager of RCHD:

Signature:

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

Post: \_\_\_\_\_

RCHD Stamp

Part I Staff Information (Note 1)

S/N	Name in English	Name in Chinese	Sex (M/F)	HKIC No. (e.g.: A123456(7))	Date of Commencement of Current Post (dd/mm/yyyy) (e.g. 1/1/2016)	Current Post (Note 2)	Total Working Hours Per Week	Daily Working Time		Qualifications (Note 3)
								On Duty Time (am/pm)	Off Duty Time (am/pm)	
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## Part II Number of Staff

Post	Number	Post	Number
Home Manager		Social Worker	
Registered Nurse		Physiotherapist	
Enrolled Nurse		Occupational Therapist	
Health Worker		Dietician	
Care Worker		Others (Please specify):	
Ancillary Worker			
		<b>Total Number of Staff:</b>	

Operator/Home Manager of RCHD:

RCHD Stamp

I understand the warning statement set out at the bottom of this page and confirm that the information contained in this Staff List is true and accurate.

Signature: \_\_\_\_\_

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

Post: \_\_\_\_\_

**Note 1:** The operator/home manager of an RCHD shall report all staff employed to perform work in the RCHD on the date of report (including the relief staff).

**Note 2:**

Post		
HM: Home Manager	CW: Care Worker	PT: Physiotherapist
RN: Registered Nurse	AW: Ancillary Worker*	OT: Occupational Therapist
EN: Enrolled Nurse	SW: Social Worker	DT: Dietician
HW: Health Worker	Others (please specify):	

\*AW may include a cook, domestic servant, driver, gardener, watchman, welfare worker or clerk

Note 3:

Qualifications (may choose more than one item)		
(1) Licensing Requirement	(2) Other Certification	(3) Training Subsidy Scheme for Staff of Residential Care Homes
A1: Registered Nurse	B1: Care Worker Certificate	C1: Training for Home Managers (Course A) Certificate
A2: Enrolled Nurse		
A3: Certificate of Registered Health Worker	B2: Physiotherapist	C2: Training for Home Managers (Course B) Certificate
	B3: Occupational Therapist	
A4: First Aid Certificate	B4: Social Worker	
A5: Certificate of Registered Home Manager/ Registered Home Manager (Provisional)		C3: Advanced Training for Health Workers Certificate
		C4: Training for Care Workers Certificate

**Remarks:**

- Please make copies of the front page for insufficient space, with the name, post and signature of the RCHD operator/home manager together with the RCHD stamp on each page.
- An operator shall inform the Director of Social Welfare, in writing within 14 days, of any change in the employment of a home manager.
- A home manager of an RCHD shall at least once every 3 months inform the Director of Social Welfare in writing of any change in the list of staff employed. The home manager shall report this staff list as at 31 March, 30 June, 30 September and 31 December every year to the Director of Social Welfare on or before the 5th day of April, July, October and January respectively.

### WARNING

Under sections 22(6)(a) & 22(6)(c) of the Residential Care Homes (Persons with Disabilities) Ordinance, any person commits an offence if gives any information which is false in a material particular and which the person knows or reasonably ought to know is false in the material particular.