

- (2) Staff of 2nd Tier ¹
- (a) Number of staff 1
- (b) Comparable rank in
civil service Enrolled Nurse
- (c) Post Nursing Team Leader
- (d) Total annual staff cost ² (including those not under SWD
subventions, if applicable) \$570,216
[2(d) should be equal to or greater than 2(e)] (round up to dollar)
- (e) Total annual staff costs under SWD subventions \$570,216
[2(e)=2(f)(i)+(ii)+(iii)+(iv)] (round up to dollar)
- (f) Breakdown of (2)(e)
- (i) Salary ³ \$495,840
- (ii) Provident Fund \$74,376
- (iii) Cash Allowance ⁴ (please specify if any:) \$ 0
- (iv) Non-cash based Benefits ⁵ (please specify if any:) \$ 0
- (3) Staff of 3rd Tier ¹
- (a) Number of staff 6
- (b) Comparable rank in
civil service Enrolled Nurse X 4, Clerical Officer X1, Welfare Worker X 1
- (c) Post Enrolled Nurse X 4, Administration Assistant X1, Social Welfare Team Leader
X1
- (d) Total annual staff cost ² (including those not under SWD
subventions, if applicable) \$2,128,539
[3(d) should be equal to or greater than 3(e)] (round up to dollar)
- (e) Total annual staff costs under SWD subventions \$2,128,539
[3(e)=3(f)(i)+(ii)+(iii)+(iv)] (round up to dollar)
- (f) Breakdown of (3)(e)
- (i) Salary ³ \$1,930,709
- (ii) Provident Fund \$197,830
- (iii) Cash Allowance ⁴ (please specify if any:) \$ 0
- (iv) Non-cash based Benefits ⁵ (please specify if any:) \$ 0

Part B: Public Disclosure of the Review Report

Our organisation *~~has disclosed~~ / will disclose (please specify the commencement date: _____) the Review Report (only Part A) through one or more of the following channels and will make it available to the public upon request –

(*Please delete as appropriate.)

Channel of Disclosure	
<i>(Please tick as appropriate.)</i>	
<input checked="" type="checkbox"/>	Posting the information prominently on the notice board(s) at the Central Administration Unit / Head Office
<input type="checkbox"/>	Uploading the information to our website
<input type="checkbox"/>	Reporting the information in our Annual Report
<input type="checkbox"/>	Publishing the information through special circular(s), newsletter(s) or whatever means (please enclose the copy/copies for reference)

Part C: Declaration by Chairperson

I declare that the information as provided in Part A and Part B is correct.

Contact Person : Luk Yun Wing

Title : Superintendent

Tel. : 2498 2558

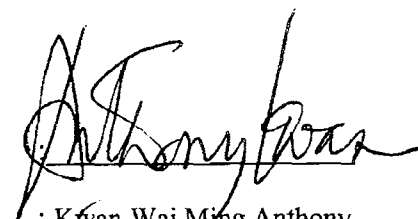
Email : lukyunwing@tunglumphome.org.hk

Signature of Chairperson

Name

Tel.

Date



: Kwan Wai Ming Anthony

: 2498 2558

: 28/10/2017