

Staff List of Residential Care Home for the Elderly (RCHE)

Name of RCHE: _____

Address of RCHE: _____

Telephone of RCHE: _____

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 RCHE:

Signature: _____

Name: _____

Post: _____

RCHE 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		Total Number of Staff:	

Operator/Home Manager of RCHE:**RCHE 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: _____

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Note 1: The operator/home manager of an RCHE shall report all staff employed to perform work in the RCHE 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	B2: Physiotherapist	
A3: Health Worker Certificate	B3: Occupational Therapist	C2: Training for Home Managers (Course B) Certificate
A4: First Aid Certificate	B4: Social Worker	
		C3: Advanced Training for Health Workers Certificate
		C4: Training for Care Workers Certificate

- Remarks:**
- (1) Please make copies of the front page for insufficient space, with the name, post and signature of the RCHE operator/home manager together with the RCHE stamp on each page.
 - (2) An operator shall inform the Director of Social Welfare, in writing within 14 days, of any change in the employment of a home manager.
 - (3) A home manager of an RCHE 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 21(6)(a) & 21(6)(c) of the Residential Care Homes (Elderly Persons) Ordinance, any person who furnishes any information which is false in a material particular and which he knows or reasonably ought to know is false in such particular commits an offence.