

Social Welfare Department

Application for Registration as a Health Worker

Please put a “✓” in the appropriate box

(I) Type of Application

- Registration as a health worker of RCHes under section 6(2) of the Residential Care Homes (Elderly Persons) Regulation
- Registration as a health worker of RCHDs under section 6(2) of the Residential Care Homes (Persons with Disabilities) Regulation

(II) Personal Particulars

1. Name (please complete in BLOCK LETTERS):
_____ (English)
_____ (Chinese)
2. Gender: Male Female
3. Hong Kong Identity Card number: _____
4. Date of birth: _____ (dd/mm/yyyy)
5. Residential address: _____

6. Correspondence address (Note: The correspondence address will be kept in the Register of Health Workers):
- same as the above residential address
- different from the above residential address. The correspondence address is:

7. Telephone number (Residential): _____
Telephone number (Mobile): _____
8. Email address: _____

(III) Academic Qualification(s)

(in chronological order, only academic qualifications of secondary school and above are required. Please also attach the photocopies of certificates of the academic qualifications.)

Name of the Institute	Date of Admission (mm/yyyy)	Date of Leaving (mm/yyyy)	Highest Class / Form Completed	Certificate / Diploma / Degree Conferred

(IV) Training(s) on Care for the Elderly / Persons with Disabilities

(in chronological order and please attach photocopies of certificates)

Name of the Course	Name of the Organisation	Date of Enrolment (mm/yyyy)	Date of Completion (mm/yyyy)	Certificate Conferred

(V) Working Experience(s) in Residential Care Homes for the Elderly or Persons with Disabilities (in chronological order)

Name of the Home	Post Held	Date of Commencement (mm/yyyy)	Date of Leaving (mm/yyyy)

(VI) Important Notes

- (1) Please study the Brief on Application for Health Worker Registration which is uploaded on the Social Welfare Department (SWD) website (www.swd.gov.hk) before filling in this application form.
- (2) In accordance with section 5 of the Residential Care Homes (Elderly Persons) Regulation (Cap. 459 sub. leg. A) and Residential Care Homes (Persons with Disabilities) Regulation (Cap. 613 sub. leg. A), the Director of Social Welfare shall establish and maintain a register in which he shall cause to be kept particulars of the names and addresses of all persons registered as health workers under these Regulations and such other matters, if any, as he thinks fit. The register shall be available for inspection by the public free of charge at such offices of the Government as the Director may direct. If any person uses the personal data of the health workers collected from the register for direct marketing purposes without their consent, this may contravene Principle 3 of Data Protection Principles in Schedule 1 under the Personal Data (Privacy) Ordinance. The health workers concerned may lodge complaints to the Office of the Privacy Commissioner for Personal Data.
- (3) If the applicant has completed the Training Course for Health Worker approved by the Director of Social Welfare (DSW), he/she can submit the completed application form to the following address through the relevant training organisation, and please state on the envelope “Application for Health Worker Registration” –

Development Section,
Licensing and Regulation Branch
Social Welfare Department
5/F, THE HUB, 23 Yip Kan Street,
Wong Chuk Hang, Hong Kong
- (4) Please attach the following documents when submitting the application form –
 - (a) photocopy of the Hong Kong Identity Card;
 - (b) photocopies of the certificate of relevant academic qualifications; and
 - (c) photocopy of the graduation certificate of Training Course for Health Worker.
- (5) Please make sure the mail item(s) is/are with sufficient postage. Underpaid mail item(s) are subject to the handling of Hongkong Post.
- (6) Completed application form and photocopies of supporting documents, once submitted, are not returnable.
- (7) If necessary information is not provided by the applicant or the information is insufficient, the application will not be processed.
- (8) If there is not enough space on the application form, please write on another sheet and state clearly in the relevant part(s) on the application form. The applicant should clearly write the name and sign on the supplementary sheet(s) and staple the supplementary sheet(s) to the application form.
- (9) For enquiries, please call 3104 0714 / 3104 0702 during office hours.

(VII) Declaration and Undertaking

- (1) I understand if my name is removed from the register in accordance to section 5(4)(a) or (c) under Residential Care Homes (Elderly Persons) Regulation (Cap. 459 sub. leg. A), my registration under the Health Worker Register of Residential Care Homes (Persons with Disabilities) (Cap. 613 sub. leg. A) will also be removed by the DSW at the same time.
- (2) I understand the DSW can enter in the register any amendment as he may consider necessary for the purposes of preserving the accuracy of the register in respect of the address or any other particulars relating to a person whose name appears therein. If I have any amendment on the information in the register, I will inform the SWD as early as possible.
- (3) I declare that to the best of my knowledge and belief, the information provided in this application form and the documents submitted are true. I understand that if I knowingly give any false information or make false statements, it will render the application invalid.
- (4) I agree that the SWD can make necessary enquiries on matters regarding my application for a Health Worker for verifying the above information. I give my consent to all Government departments and other organisations to disclose any relevant record and information upon receiving the SWD's enquiries (including asking the relevant authorities or training organisations for my identity proof, academic qualifications, course attendance and assessment record, working experience and any other information).
- (5) I agree to the use of my personal data for the intended publicity and promotional activities.
 I object to the use of my personal data for the intended publicity and promotional activities.

(Note: The SWD intends to use your name and contact information (for example address and telephone number) for providing to you publicity and promotional activities / service or training courses related to Health Workers. The SWD has to obtain your consent before using your personal data for the above purpose. You can anytime request the SWD to stop using your personal data for the above purpose and the SWD will stop using your personal data upon receiving your request. Please state if you agree with the use of your personal data for the above purpose by the SWD by putting a “✓” in the suitable box above.)

- (6) I have read the Personal Information Collection Statement and the Brief on Application for Health Worker Registration and understood the content.
- (7) I have read all the above information and declaration in details. I fully understand and agree the relevant content.

Signature of the Applicant: _____ Date: _____ (dd/mm/yyyy)

Personal Information Collection Statement

Please read this notice before you provide any personal data¹ to the Social Welfare Department.

Purposes of Collection

1. The personal data supplied by you will be used by the Social Welfare Department (SWD) to process your application for registration as a Health Worker in residential care homes for the elderly or persons with disabilities, including (but not limited to) monitoring and reviewing the registration procedures, handling complaints related to the services provided to you, conducting research and surveys, preparing statistics, discharging statutory duties, etc. The provision of personal data to the SWD is voluntary. However, if you fail to provide the personal data requested of you, we may not be able to process your application.

Classes of Transferees

2. The personal data you provide will be made available to persons working in the SWD on a need-to-know basis. Apart from this, they may be disclosed to the parties or in the circumstances listed below for the purposes mentioned in paragraph 1 above –
 - (a) other parties such as government bureaux / departments / training institutes, if they are involved in –
 - (i) processing and/or assessing any application from you for the provision of service to you by the SWD;
 - (ii) monitoring and reviewing of the services provided by the SWD or preparing statistics;
 - (b) complaint handling authorities such as the Office of The Ombudsman, the Office of the Privacy Commissioner for Personal Data, the Social Workers Registration Board, the Legislative Council, etc. if they are handling complaints about the services provided to you by the SWD;
 - (c) where such disclosure is authorised or required by law; or
 - (d) where you have given your prescribed consent to such disclosure.

Access to Personal Data

3. You have the right to request access to and correction of your personal data held by the SWD in accordance with the Personal Data (Privacy) Ordinance (Cap. 486). A fee is charged for supplying copies of personal data. Requests for access to and correction of personal data collected by the SWD should be addressed to –

Post Title : Executive Officer I (Licensing and Regulation) 2
Office : Development Section, Licensing and Regulation Branch,
Social Welfare Department
Address : 5/F, THE HUB, 23 Yip Kan Street, Wong Chuk Hang, Hong Kong

¹ Under Personal Data (Privacy) Ordinance (Cap. 486), personal data means any data –

- (a) relating directly or indirectly to a living individual;
- (b) from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and
- (c) in a form in which access to or processing of the data is practicable.