

Social Welfare Department
Training Subsidy Scheme for Staff of Residential Care Homes (2024-27)

Guidance Notes for Residential Care Homes

Introduction

To enhance the service quality of residential care homes (RCHs) for the elderly (RCHEs) and residential care homes for persons with disabilities (RCHDs), Social Welfare Department (SWD) has implemented a 5-year Training Subsidy Scheme for Staff of Residential Care Homes (Scheme) since 2019 to provide full subsidies for home managers, health workers and care workers of all RCHEs and RCHDs in the territory to enrol in QF- recognised training courses, including “Training for Home Managers (Course A)”, “Training for Home Managers (Course B)”, “Advanced Training for Health Workers” and “Training for Care Workers”. All residential care homes (RCHs) can nominate staff who intend to enrol in the course, based on approved training quotas distributed under the scheme. If the nominated staff successfully completed the above-mentioned course recognised by SWD within specified period and are awarded a graduation certificate, the course fee will be fully subsidised under the Scheme.

2. After assessing the effectiveness of the Scheme and considering the views of the sector, SWD had obtained additional resources to extend the Scheme by 3 years (from 1 April 2024 to 31 March 2027) to subsidise more RCH staff to enrol in the related training courses.

Training Courses

3. Under the extension of the scheme extension, SWD will continuously formulate the curriculum for the courses above by referencing the respective “Specification of Competency Standards (SCS)” of the elderly care industry under the Qualifications Framework (QF). Home managers, health workers and care workers of RCHEs and RCHDs can enrol in the training courses approved by SWD, the name of the relevant courses are as follows:

3.1 Training for Home Managers (Course A)

3.2 Training for Home Managers (Course B)

3.3 Advanced Training for Health Workers

3.4 Training for Care Workers

4. “Training for Home Managers (Course A)” and “Training for Home Managers (Course B)” are designed for home managers of different qualifications, targeting at home managers who are currently working in RCHEs or RCHDs, or other staff nominated by the RCHs. “Advanced Training for Health Workers” and “Training for Care Workers” are designed for health workers and care workers who are currently working in RCHEs or RCHDs. Please refer to **Annex 1** for course contents and related requirements of each course.

[Remarks: All RCH staff attending the approved courses under the Scheme must be employed as home manager or as other staff at the RCHE or RCHD from the date of enrolment to the date of course completion. SWD reserves the right to check the employment records, duty roster records, attendance records and employment contract, etc., to verify the eligibility of the RCH to apply for reimbursement of course fees for the staff concerned.]

Training Allowance (Only applicable for “Advanced Training for Health Workers” and “Training for Care Workers”)

5. Apart from reimbursement of the course fees, a training allowance is also be provided by SWD for RCHs to maintain their operations through appropriate manpower deployment while their staff are attending “Advanced Training for Health Workers” and “Training for Care Workers”, and to provide on-site training support and conduct on-the-job assessments for the trainees concerned. Once the health workers or care workers have been issued graduate certificates upon completion of the relevant courses, the RCHs concerned may apply to SWD for reimbursement of the training allowances in \$3,000 or \$2,200. Training allowances is on a flat-rate and non-reimbursement basis to provide greater flexibility for RCHs’ usage. With training allowances, RCH should make no deduction in salary or vacation leave when the nominated staff take the course during working hours; RCHs should arrange compensation leave when the staff take the course outside of working hours, if not, RCHs are not eligible to apply reimbursement for course fees and payment of training allowances. SWD will request RCH in providing additional information for investigation when necessary and reserves the right to reimburse the course fees and training allowance stated above.

Course Enrolment

6. To facilitate RCH staff intending to enrol in the courses under the scheme to be aware of the quarterly course commencement plan, enabling them to make applications to the training institutes (TIs) in a timely manner and to make necessary work arrangements in the RCHs, SWD will upload the

scheduled course commencement information provided by TIs to the SWD website in every March, June, September and December (i.e. one month prior to each quarter of course commencement).

7. The RCH operator/staff nominated by the RCH operator should self-approach the TIs for enrolment to the approved courses under the Scheme.

8. Staff intending to enrol relevant courses should be nominated and certified by RCH for their employed position, and submit to TIs the “Employment Proof” (**Annex 2**) which signed by both trainee and RCH operator.

9. The calculation for the available subsidised quotas of the “Training for Home Managers (HM)” (including course A and/or B) for each RCH will be based on the entire period counting from the launch of the original scheme in 2019 to 31 March 2027. Each RCH will be entitled to two subsidised HM course quotas. When enrolling to these two courses, trainees and RCH operators must submit a signed “Confirmation Letter of Training for Home Managers” (**Annex 3**) to the TI, confirming the availability of subsidised quotas and trainees’ understanding on the relevant requirements for HM registration. Trainees who fail to submit the letter to the TI before the commencement of the course will not benefit from the Scheme unless special reasons are approved by SWD. For “Advanced Training for Health Workers (HW)” and “Training for Care Workers (CW)” courses, SWD has not specified the number of subsidised quotas for each RCH.

10. If RCHs have any enquires on the allocation of subsidised quotas for the approved courses, please contact the Development Section, Licensing and Regulation Branch, SWD.

11. When the staff is nominated by the RCH to enrol in a course to enhance the quality of RCH services, the RCH should pay the course fee to the TI on behalf of the staff in principle. Therefore, the RCH should seek consensus with the staff on the payment of course fee before nominating staff to enrol in the course. RCHs should also be careful in verifying the name of the staff concerned and RCH, and the course name on the course fee receipts and keep the original receipts properly for reimbursement application.

12. Staff who have successfully completed SWD-approved courses within the specified time frame with attendance no less than 80% of course lectures, and passed the overall assessment will be conferred with a graduation certificate from the TI.

Application for reimbursement of course fees and payment of training allowances

13. In order for the RCH to apply for reimbursement of course fees and payment of training allowances (if applicable), staff must successfully complete the course and obtain a graduation certificate or graduation proof letter issued by the TI, and remain employed in the RCH from the date of enrolment to the date of course completion. If the staff unable to complete the course or obtain the proof of graduation due to various reasons, or if they leave the RCH industry during the study period, the RCH may not be able to apply for reimbursement of course fees; thus, RCH should seek consensus with the staff on reimbursement of course fee before nominating staff to enrol in the course.

14. All applications for reimbursement of course fees and payment of TIs must be applied by RCH. Application submitted in the name of the RCH staff will not be considered.

15. RCH must complete and submit the designated application form – “Application Form for Reimbursement of Course Fees and Payment of Training Allowance” (**Annex 4**) (including the original course fees receipt and trainee graduation proof (i.e., copy of graduation certificate) through TIs to SWD when raising applications. The third page of the application form must include the signature of the home operator or the operator representative and a stamp printed with the RCH or its affiliated company/organisation. The “Training for Home Managers” application must be signed by a management grade who has a higher position/rank than the applicant. SWD could request additional details to verify the operator’s/operator representative’s signature on the application form. For the ease of accelerating the application for reimbursement of course fees and training allowances, it is suggested that each RCH could consider submitting this application form when arranging the staff registration to avoid omission.

16. RCH could only apply for reimbursement of the actual course fees amount; TIs are not allowed to charge course fees beyond the subsidised amount or other fees. SWD will reimburse course fees and training allowances after verifying the relevant documents. The maximum amounts of course fees subsidy and training allowances for each trainee of the courses are as follows:

| Course | Maximum course fee subsidy (for each trainee) | Amount of training allowance (for each trainee) |
|---------------------------------------|--|--|
| Training for Home Managers (Course A) | \$4,000 | Not applicable |
| Training for Home Managers (Course B) | \$6,000 | Not applicable |
| Advanced Training for Health Workers | \$3,000 | \$3,000 |
| Training for Care Workers | \$2,000 | \$2,200 |

17. If RCH decides to apply for reimbursement of course fees and training allowances on its own (i.e. do not apply through the TI which the staff takes the course), RCH should complete the “Application Form for Reimbursement of Course Fees” within 21 days after the completion of the course or on or before 31 January of the financial year (whichever is the earlier), and enclosing the original course fees receipt and the trainee’s graduation proof (e.g. copy of the graduation certificate), to the Development Section, Licensing and Regulation Branch, SWD (Address: 5/F, THE HUB, 23 Yip Kan Street, Wong Chuk Hang, Hong Kong) by registered post or in person with an envelope marked with “Training Subsidy Scheme for Staff of Residential Care Homes (2024-27) ”.

18. RCH can only make application once for the same staff completing the same type of course. Repeated applications (including reimbursement of course fees and/or payment of training allowances) will not be accepted. Each application form can only be submitted in respect of one staff. The RCH (or the staff concerned) is also not allowed to receive full/partial subsidy of course fees from other government departments/public or private organisations for the concerned courses.

19. All submitted documents will not be returned.

20. SWD reserves the right to reject processing of late applications.

Arrangement of subsidy payment

21. SWD will vet the applications from RCHs upon receipt. SWD will release the approved subsidised amount through autopay to the bank account that has been authorized to the government for payment.

22. RCH that submit application for the first-time (excluding Private Home participated in Enhanced Bought Place Scheme (EBPS)/Bought Place Scheme (BPS), Contract Home, Subvented Home) requires to submit the following documents:

- The completed original “Authorization letter of payment to bank” (common form 179A) (Annex 5); and
- An explanatory letter using a formal letterhead from RCH or its affiliated company/organization, and was signed by an authorized person from RCH or its affiliated company/organization (see annex 6 for the sample); and
- A copy of the bankbook inner page (with the formal address, account name, and account number of the RCH or its affiliated company/organization); or
- The copy of the bank statement issued within the latest 3 months (with the formal address, account name, and account number of the RCH or its affiliated company/organization).

23. In accordance with the “Prevention of Bribery Ordinance” (Chapter 201), offers any advantage to any person (e.g. money or gift) as an inducement or reward for assisting or expediting the processing of an application shall be guilty of an offence, offender will be held legally liable. Concerned application of reimbursement will be withdrawn immediately.

24. If the application is not approved or further information is required, further notice will be given.

Enquiry

25. For enquiries, please contact the Development Section, Licensing and Regulation Branch, Social Welfare Department at 3104 0664 / 3104 0687.

Social Welfare Department
Licensing and Regulation Branch
Development Section
April 2024

Social Welfare Department
Training Subsidy Scheme for Staff of Residential Care Homes (2024-27)

Course contents and related requirements
Training for Home Managers (Course A)

Admission Criteria

1. Trainee must be a HM working in RCHE or RCHD, or other staff nominated by RCH; and also be the relevant professionals registered in accordance to the Law of Hong Kong, including social workers, nurses, medical practitioners, Chinese medicine practitioners, occupational therapists, physiotherapists or pharmacists.

Course Hours

2. This course includes no less than 10 Qualification Framework (QF) credits (with a total of no less than 100 learning hours), of which the total classroom contact hours must be no less than 32 hours, and including different modes of non-contact hours (e.g. hours for completing assignments, skills practice, self-study or on-line learning etc.), trainee must complete the course within 6 months.

Subsidised Amount

3. The calculation for the available subsidised quotas of the “Training for Home Managers (HM)” (including course A and/or B) for each RCH will be based on the entire period counting from the launch of the original scheme to the 3-year extended period of the scheme (i.e. from the launch starting in 2019 up to 31 March 2027). Each RCH will be entitled to two subsidised HM course quotas. SWD will fully subsidise the trainees within the approved subsidised quota to enrol to the “Training for Home Managers (Course A)”. Throughout the entire period, the maximum amount of subsidy for each trainee is HK\$4,000. TIs are not allowed to charge course fees beyond the maximum amount of the subsidy or other fees.

Course Accreditation

4. The “Training for Home Manager” provided by any TI must obtain the course accreditation from the Hong Kong Council for Accreditation of Academic & Vocational Qualifications (HKCAAVQ) (except for courses provided by self-accrediting institutions), to prove that it meets the requirements of Level 4 of Qualifications Framework (QF), to become the SWD-approved course.

Requirements for the Award of Graduation Certificate

5. Trainee must attend no less than 80% of course lectures, and passed the overall assessment to be conferred with a graduation certificate from the TI.

Course Outline

6. The course includes following modules: provide quality client service*, handle accidents*, manage human resources, service quality standards, daily management, ordinances and codes of practice, staff training and implement occupational safety.

Assessment method

7. Continuous assessment (50%) and final examination (written assessment) (50%).

*Trainee who have obtained the Statement of Attainment (SoA) under the “Recognition of Prior Learning” (RPL) clusters of units of competency may apply to TI for exemption from taking this topic.

Social Welfare Department
Training Subsidy Scheme for Staff of Residential Care Homes (2024-27)

Course contents and related requirements
Training for Home Managers (Course B)

Admission Criteria

1. Trainee must be a HM working in RCHE or RCHD, or other staff nominated by RCH.

Course Hours

2. This course includes no less than 24 Qualification Framework (QF) credits (with a total of no less than 240 learning hours), of which the total classroom contact hours must be no less than 80 hours, and including different modes of non-contact hours (e.g. hours for completing assignments, skills practice, self-study or on-line learning etc.), trainee must complete the course within 12 months.

Subsidy Amount

3. The calculation for the available subsidized quotas of the “Training for Home Managers (HM)” (including course A and/or B) for each RCH will be based on the entire period counting from the launch of the original scheme to the 3-year extended period of the scheme (i.e from the launch starting in 2019 up to 31 March 2027). Each RCH will be entitled to two subsidized HM course quotas. SWD will fully subsidise the trainees within the approved subsidised quota to enrol to the “Training for Home Managers (Course B)”. Throughout the entire period, the maximum amount of subsidy for each staff is HK\$4,000. TIs are not allowed to charge course fees beyond the maximum amount of the subsidy or other costs.

Course Accreditation

4. The “Training for Home Manager” provided by any TI must obtain

the course accreditation from the Hong Kong Council for Accreditation of Academic & Vocational Qualifications (HKCAAVQ) (except for courses provided by self-accrediting institutions), to prove that it meets the requirements of Level 4 of Qualifications Framework (QF), to become the SWD-approved course.

Requirements for the Award of Graduation Certificate

5. Trainee must attend no less than 80% of course lectures, and passed the overall assessment to be conferred with a graduation certificate from the TI.

Course Outline

6. The course includes following modules: provide quality client service*, handle accidents*, manage human resources, service quality standards, daily management, ordinances and codes of practice, staff training and implement occupational safety.

Assessment method

7. Continuous assessment (50%) and final examination (written assessment) (50%).

*Trainees who have obtained the Statement of Attainment (SoA) under the “Recognition of Prior Learning” (RPL) clusters of units of competency may apply to TI for exemption from taking this topic.

Social Welfare Department
Training Subsidy Scheme for Staff of Residential Care Homes (2024-27)

Course contents and related requirements
Advanced Training for Health Workers

Admission Criteria

1. Trainee must be a HW working in RCHE or RCHD.

Course Hours

2. This course includes no less than 8 Qualification Framework (QF) credits (with a total of no less than 80 learning hours), of which the total classroom contact hours must be no less than 24 hours, and including different modes of non-contact hours (e.g. hours for completing assignments, skills practice, self-study or on-line learning etc.), trainee must complete the course within 6 months.

Subsidy Amount

3. The government will fully subsidise the qualified trainees to enrol to the “Advanced Training for Health Workers”. Throughout the entire period of the Scheme, the maximum amount of subsidy for each trainee is HK\$3,000. TIs are not allowed to charge course fees beyond the maximum amount of the subsidy or other fees.

Training Allowances

4. A training allowance will be provided by SWD to the concerned RCHE and RCHD to maintain operations through appropriate manpower deployment while their staff are on the course and to provide on-site training support and conduct on-the-job assessments for the trainee concerned. Once the trainee has been issued with the graduate certificate upon completion of the relevant course, the RCH will receive the reimbursement of the training allowances of \$3,000.

Course Accreditation

5. The “Advanced Training for Health Workers” provided by any TI must obtain the course accreditation from the Hong Kong Council for Accreditation of Academic & Vocational Qualifications (HKCAAVQ) (except for courses provided by self-accrediting institutions), to prove that it meets the requirements of Level 3 of Qualifications Framework (QF), to become the SWD-approved course.

Requirements for the Award of Graduation Certificate

6. Trainee must attend no less than 80% of course lectures, and passed the overall assessment to be conferred with a graduation certificate from the TI.

Course Outline

7. The course includes following modules: formulate care plans, handle accidents, skin care, management of medications, special care, use of restraint, and care for patients with dementia.

Assessment method

8. Classroom practical examination (60%) and workplace assessments on the topic of care skills at the RCHE or RCHD where the trainees are working (40%).

Social Welfare Department
Training Subsidy Scheme for Staff of Residential Care Homes (2024-27)

Course contents and related requirements
Training for Care Workers

Admission Criteria

1. Trainee must be a CW working in RCHE or RCHD.

Course Hours

2. This course includes no less than 7 Qualification Framework (QF) credits (with a total of no less than 70 learning hours), of which the total classroom contact hours must be no less than 21 hours, and including different modes of non-contact hours (e.g. hours for completing assignments, skills practice, self-study or on-line learning etc.), trainee must complete the course within 6 months.

Subsidy Amount

3. The government will fully subsidise the qualified trainees to enrol to the “Training for Care Workers”. Throughout the entire period of the Scheme, the maximum amount of subsidy for each trainee is HK\$2,000. TIs are not allowed to charge course fees beyond the maximum amount of subsidy or other fees.

Training Allowances

4. A training allowance will be provided by SWD to the concerned RCHE and RCHD to maintain operations through appropriate manpower deployment while their staff are on the course and to provide on-site training support and conduct on-the-job assessments for the trainee concerned. Once the trainee has been issued with the graduate certificate upon completion of the relevant course, the RCH will receive the reimbursement of the training allowances of \$2,200.

Course Accreditation

5. Training for Care Workers provided by any TI must obtain the course accreditation from the Hong Kong Council for Accreditation of Academic & Vocational Qualifications (HKCAAVQ) (except for courses provided by self-accrediting institutions), to prove that it meets the requirements of Level 2 of Qualifications Framework (QF), to become the SWD-approved course.

Requirements for the Award of Graduation Certificate

6. Trainee must attend no less than 80% of course lectures, and passed the overall assessment to be conferred with a graduation certificate from the TI.

Course Outline

7. The course includes following modules: day-to-day care, oral care, foot care, vital signs, lift and transfer, communication skills, understanding and prevention of assault and abuse, and relevant ordinances and codes of practice.

Assessment method

8. Classroom practical examination (60%) and workplace assessments on the topic of care skills at the RCHE or RCHD where the trainees are working (40%).

Social Welfare Department
Training Subsidy Scheme for Staff of Residential Care Homes (2024-27)

Employment Proof

(A) Fill by staff of residential care home (RCH)

I agree to provide the following information to Social Welfare Department and _____(Training institute name) for the purpose of joining Training Subsidy Scheme for Staff of Residential Care Homes (2024-27) to verify the eligibility of the application.

Signature of staff : _____

Name of staff : _____

HKID no. of staff : _____

(B) Fill by responsible person of residential care home (RCH)

I verify that the above-named person is currently employed as a staff at the RCH as follows –

Name of RCH : _____

Licence no. : _____

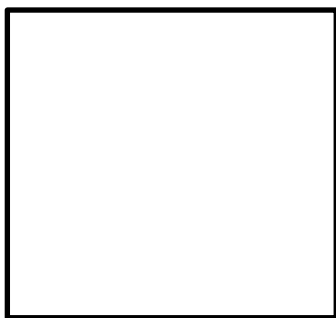
☐Home Manager

☐Health Worker

Post of staff* : ☐Care Worker

☐Others _____

*Only one item can be selected ☒



Signature of RCH operator: _____

Name of RCH operator: _____

Post of RCH operator: _____

Date: _____

(Stamp of RCH or its affiliated
company/organisation)

Notes: RCH operator, or the person who has been authorised by the operator to sign the Employment Proof must ensure that all provided information is true and accurate and agree training institute shall submit the provided information by RCH and enrolled staff to Social Welfare Department (SWD) to verify the eligibility of the RCH to receive reimbursement for the training subsidy and training allowance fee (if applicable). Obtaining pecuniary interests by wilful omission of information or misrepresentation is a fraudulent act, SWD reserves the right to disqualify the related application or refer it to the law enforcement departments.

Personal Information Collection Statement

Please read this statement carefully before providing personal details to Social Welfare Department (SWD).

Purpose of Collection

1. The personal data supplied by you will be used by the SWD to process the reimbursement you need, 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) Reimbursement provided by SWD to you; or
 - (iii) 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
Address : 5/F, THE HUB, 23 Yip Kan Street, Wong Chuk Hang, Hong Kong

Social Welfare Department

Confirmation Letter of Training for Home Managers

(A) Filled by Residential Care Home (RCH) Staff

I have read Annex 3.1 on the qualification requirements for Registration as a registered home manager/registered home manager (provisional) and clearly understand that upon successful completion of the Training for Home Managers (Course A) or (Course B), I shall still be required to fulfil the relevant qualification requirements set out in the legislation and other conditions required by the legislation to apply as a registered home manager/registered home manager (provisional).

Signature of Staff : _____

Name of Staff : _____

Date : _____

For staff who intend to apply for the “Training Subsidy Scheme for Staff of Residential Care Homes (2024 – 27)” should complete Part (B) on the back page by the RCH operator.

(B) Filled by RCH operator (please put a ✓ in the suitable box ☐)

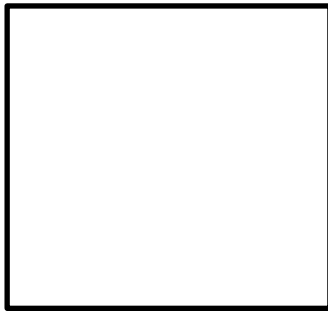
I acknowledge that our RCH is entitled to two subsidised home manager course quotas from the launch of the scheme in 2019 to 31 March 2027. Our RCH:

☐ now nominates the aforementioned person to use the *1st / 2nd subsidised quota.

(*please delete where inapplicable)

I understand if all subsidised quotas have been used up, the application for reimbursement for the aforementioned person will not be accepted.

I understand if the RCH nominates the staff that has not fulfil the qualification requirements as a registered home manager/registered home manager (provisional) for enrolment in Training for Home Manager (course A) or (Course B), Social Welfare Department (SWD) will still deduct the subsidised home manager course quota of the RCH under the “Training Subsidy Scheme for Staff of Residential Care Homes”.



(Stamp of RCH or its affiliated
company/organisation)

Signature of RCH operator: _____

Name of RCH operator: _____

Post of RCH operator: _____

Name of RCH: _____

Licence Number: _____

Date: _____

Attention:

The RCH operator or the person who has been authorised by the operator to sign the “Confirmation Letter of Training for Home Managers - (Part B)” must ensure that all information provided above is true and accurate, and it is agreed that training institute (TI) could submit the information provided by the RCH and the enrolled trainee to SWD for reviewing the eligibility of the RCH and trainee to reimburse for course fees and training allowances (if applicable). Any intentional omission of information or provision of false statements to obtain financial benefits is considered fraudulent behaviour, and SWD reserves the right to revoke the eligibility of the application or refer the matter to law enforcement authorities.

Social Welfare Department

“Training for Home Managers”

Qualification Requirements for Home Manager of Residential Care Homes

Please read the following qualification requirements for registration as a registered home manager/registered home manager (provisional) of residential care homes for the elderly (RCHE)/residential care homes for persons with disabilities (RCHD)/. Upon successful completion of the “Training for Home Managers” (Course A) or (Course B), applicants are still required to fulfil one of the qualification requirements set in the legislation [items (1) to (6) below] and other relevant registration conditions before they can apply to the Social Welfare Department (SWD) for registration as a registered home manager/registered home manager (provisional).

Qualification requirements of registered home manager/registered home manager (provisional):

1. holding a professional qualification relating to healthcare or social work specified by the Director; and has, within 3 years before making the application, worked in one or more RCHDs or RCHEs for a total of at least 1 year in a position involving or assisting in the management of the RCHD or RCHE; or
2. Holding a bachelor or higher degree or an academic qualification regarded by the Director as equivalent; and has, within 3 years before making the application, worked in one or more RCHDs or RCHEs for a total of at least 1 year in a position involving or assisting in the management of the RCHD or RCHE; or
3. being a registered health worker as defined by section 2 of the Residential Care Homes (Elderly Persons) Regulation, or the Residential Care Homes (Persons with Disabilities) Regulation; and having worked in one or

more RCHDs or RCHEs as a health worker for a total of at least 5 years; or

4. being a registered home manager (provisional) in accordance to the Residential Care Homes (Elderly Persons) Regulation or the Residential Care Homes (Persons with Disabilities) Regulation; or

5. being a pre-material-date home manager¹ who has applied for registration as a registered home manager under section 3A of the Residential Care Homes (Elderly Persons) Regulation during the 6-month period beginning on the material date (i.e. on or before 15 December 2024); or

6. being a pre-material-date home manager who is a registered home manager (provisional) as defined by section 2 of the Residential Care Homes (Elderly Persons) Regulation; or the Residential Care Homes (Persons with Disabilities) Regulation.

¹ A pre-material-date home manager refers to a person who was employed as a home manager in an RCHE or RCHD immediately before the material date (i.e. 16 June 2024).

Please read the Guidance Notes
before filling in this form.

Guidance Notes for Residential Care Homes – Annex 4

Social Welfare Department
Training Subsidy Scheme for Staff of Residential Care Homes (2024-27)

**Application Form for Reimbursement of Course Fees and Payment of
Training Allowance**

This Residential Care Home (RCH) submits the following application to the Social Welfare Department (SWD): (more than one item(s) can be selected ☒)

- ☐ Reimbursement of Course Fee
- ☐ Payment of Training Allowance
- (Only applicable to the “Advanced Training for Health Workers” course or “Training for Care Workers” course)

When submitting this application form, please ensure:

- ☐ Attached copy of trainee’s graduation proof
- ☐ Attached the original course receipt

(A) Information of Residential Care Home (RCH)

Name of RCH: _____

Licence Number: _____ Telephone no.: _____

Name of Contact
Person : _____ Fax no.: _____

Post: _____ Email: _____

(B) Information of Staff Completed Approved Course

Name: _____ (Chinese) _____ (English)

HKID no.: _____ () Telephone no.: _____

Post: ☐Home ☐Health ☐Care ☐Others
Manager Worker Worker
(Only one item can be selected ☒)

(C) Information of Course

Name of Course*: Select a name SWD Approved Course
Serial no.*: Select the no.

Name of Training
Institute (TI): Select the TI

Paid Course Fee: HKD\$ _____ Receipt no.: _____

Course Study Date: From / / to / / (DD/MM/YYYY)

*SWD Approved Course name and serial no. can be found on SWD webpage

(D) Confirmation and Declaration

1. I am the operator of RCH or being authorised by the operator of RCH that mentioned at Part (A), to apply and sign this application form. I hereby declare that all information I submit is true and accurate to the best of my knowledge.
2. In accordance with the “Training Subsidy Scheme for Staff of Residential Care Homes”, I represent RCH that the staff mentioned in Part (B) enrolled in the below course and applying for Reimbursement of Course Fee / Payment of Training Allowance (if applicable): (only one item can be selected ☒)
 - ☐ Training for Home Managers (Course A)
 - ☐ Training for Home Managers (Course B)
 - ☐ Advanced Training for Health Workers
 - ☐ Training for Care Workers
3. I verify that the trainee stated in Part (B) (only one item can be selected ☒)
 - ☐ Is employed at this RCH or the RCHE or RCHD operated by the same licensed person / licensed company as this RCH during the entire study period
 - ☐ Is employed at this RCH or the RCHE or RCHD operated by the same licensed person / licensed company as this RCH for a part of the study period:
From / / to / / (DD/MM/YYYY)
4. The bank account information of this RCH (only one item can be selected ☒)

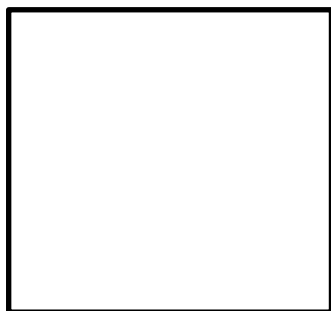
Applicable to RCH that is first-time applying for reimbursement

- ☐ The original “Authorization letter of payment to bank” had been completed by this RCH (common form 179A) (Guidance Notes for Residential Care Homes – Annex 5), and*submit through training institute/submit to SWD individually with

- (i) An explanatory letter using a formal letterhead from RCH or its affiliated company/organization, and was signed by an authorized person from RCH or its affiliated company/organization; and
 - (ii) A copy of the bankbook inner page (with the formal address, account name, and account number of the RCH or its affiliated company/organization)
 - (iii) The copy of the bank statement issued within the latest 3 months (with the formal address, account name, and account number of the RCH or its affiliated company/organisation)
-

Applicable to (a) Private Home participated in Enhanced Bought Place Scheme (EBPS)/ Bought Place Scheme (BPS), (b) Contract Home, (c) Subvented Home, and (d) RCH that is non-first-time reimbursement applicant

- ☐ This RCH understands that SWD will transfer the approved subsidised amount through autopay to the bank account that has been authorised to the government in disbursing the subsidised amount and related payment.
5. I hereby confirm that no deduction in salary or vacation leave has been made when the staff mentioned in Part (B) studying “Advanced Training for Health Workers” and “Training for Care Workers” (if applicable) during working hours.
6. I hereby confirm that I have not claimed the subsidised fee and/or training allowance of the course declared by the staff mentioned in Part (B) fully/partially from other government departments/public or private organisations.
7. I have read the “Guidance Notes for Residential Care Homes” of “Training Subsidy Scheme for Staff of Residential Care Homes (2024 - 27)” and fully understand the contents. I understand that the provided information will be assessed by SWD to verify the eligibility of this RCH to receive reimbursement for course fees and payment for training allowance. I also understand that obtaining pecuniary advantage by wilful omission of information or misrepresentation is a fraudulent act, offenders will be held liable for relevant legal responsibilities and required to refund all or overpaid course fees/training allowances to SWD.
8. The staff mentioned in Part (B) and I have read and understood the contents of the “Personal Information Collection Statement” and agree to submit this application and related documents to SWD for application procession.
9. I acknowledge and understand that SWD has the right to review my application at any time, including to review the employment records, attendance records and employment contract, etc., to verify the application eligibility of the RCH and the staff concerned.



(Stamp of RCH or its affiliated company/organisation)

Signature of RCH

Operator: _____

Name of RCH

Operator: _____

Post of RCH

Operator: _____

Date: ____ / ____ / ____

(E) Additional Confirmation and Declaration on Application of Payment for Training Allowance (To be filled and signed by staff who attended the approved course)

(Only applicable to “Advanced Training for Health Workers” and “Training for Care Workers”)

SWD will provide training allowance to RCHE and RCHD to maintain their operations through appropriate manpower deployment while their staff are attending for “Training for Health Workers” and “Training for Care Workers”, and to provide on-site training support and conduct on-the-job assessment for the trainees concerned. RCH can apply the training allowance of \$3000 or \$2200 for each health worker or care worker who graduated and received a graduation certificate for the above courses.

I _____ am the staff of _____
(Name of the RCHE or RCHD)

I am employed by the above RCH or the RCH operated by the same licensee/licensed company as the above RCH during my entire study period.

I confirm: (Only one item can be selected ☒)

- ☐ I have taken the relevant course during working hours, no deduction in salary or vacation leave has been made when I am taking the course during working hours, and/or RCH has arranged compensatory leaves when I am taking the course outside of working hours.
- ☐ When I am taking the course, RCH has made a deduction in salary or vacation leave when I am taking the course during working hours, and/or RCH has not arranged compensatory leave when I am taking the course outside of working hours.

Signature of Staff : _____

Name of Staff : _____

HKID no. of Staff : _____

Contact no. of Staff : _____

Date : _____ / _____ / _____

Personal Information Collection Statement

Please read this statement carefully before providing personal details to Social Welfare Department (SWD).

Purpose of Collection

1. The personal data supplied by you will be used by the SWD to process the reimbursement you need, 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) Reimbursement provided by SWD to you; or
 - (iii) 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

Address: 5/F, THE HUB, 23 Yip Kan Street, Wong Chuk Hang, Hong Kong

款項付予銀行授權書
AUTHORITY FOR PAYMENT TO A BANK

請以中文或英文填寫本表格第 I、II、III、IV、V 及 VI 欄
Please complete sections I, II, III, IV, V and VI of this form in Chinese or English
(本表格如有任何塗改，概不受理)
(This form will not be accepted if it contains any erasure or amendment)

| | | |
|---|---|--|
| <div>參閱背頁 - 只供收款人填寫的附註 See Notes Overleaf - For Payee's Use</div> | <div>I 致： To：</div> <div></div> | <div>VII 只供部門填寫 FOR DEPARTMENT USE ONLY</div> <div>VII 供應商編號 Supplier Number</div> <div></div> |
| <div>參閱背頁 註一及註二 See Notes 1 & 2 overleaf</div> | <div>本授權書只適用於下述事務的付款：— This Authority applies to payments to me/us in respect of the following transaction(s) only: —</div> <div></div> <div>付款給我／我們所須的資料詳情載於第II至第V欄 The particulars necessary to effect payment to me/us are given in Section II to V below</div> | |
| <div>參閱背頁 註三 See Note 3 overleaf</div> | <div>II 收款人名稱 (申請人必須填寫)：個人— 先寫姓氏 (最多可填寫80個英文字母或40個中文字) Payee's Name (applicant is required to complete): For individual - Surname first (Maximum 80 characters for English or 40 words for Chinese)</div> <div></div> <div></div> <div>地址 (最多可填寫120個英文字母或60個中文字) Address (Maximum 120 characters for English or 60 words for Chinese)</div> <div></div> <div></div> <div></div> | |
| <div>參閱背頁 註三 See Note 3 overleaf</div> | <div>III 請將應付給我／我們的全部款項存入我／我們在下述帳戶 (請選擇其中一項並在適當方格內填上「✓」號) All sums due to me/us should be paid into my/our account (Please choose ONE of the following options and put “✓” in the appropriate box)</div> <div><div><input type="checkbox"/> 銀行帳戶 Bank Account</div><div>銀行 Bank</div><div></div><div>分行 Branch</div><div></div><div>銀行編號 Bank Code</div><div></div><div>分行編號 Branch Code</div><div></div><div>帳戶號碼 Account No.</div><div></div></div> <div><input type="checkbox"/> 轉數快識別碼帳戶 FPS Identifier Account</div> <div></div> <div><input type="checkbox"/> 香港身份證號碼登記作為轉數快識別代碼帳戶 (請確保香港身份證號碼已提供在第VI欄內) HKIC number registered as an FPS Proxy Account (Please ensure HKIC number has been provided in Section VI)</div> | |
| <div>參閱背頁 註四及註五 See Notes 4 & 5 overleaf</div> | <div>IV 我／我們的銀行帳戶或轉數快識別碼帳戶英文名稱如下 (只適用於付款至銀行帳戶／轉數快識別碼帳戶) My / our Bank Account or FPS Identifier Account English name is as follows (Only applicable to the payment to Bank Account / FPS Identifier Account)</div> <div>銀行帳戶／轉數快識別碼帳戶英文名稱 Name of Bank Account / FPS Identifier Account in English</div> <div></div> <div></div> <div></div> <div></div> | |
| <div>參閱背頁 註六及註七 See Notes 6 & 7 overleaf</div> | <div>V 我／我們選擇以傳真方式或電子郵件接收領款通知書 (請選擇其中一種方式)，我／我們的傳真號碼或電子郵件地址是：— I / We elect to receive the Remittance Advice by fax or by e-mail (please choose one method only). My / Our fax number or e-mail address is: —</div> <div>傳真號碼 Fax No. 或 電子郵件地址 e-mail address</div> <div></div> | |
| <div>參閱背頁 註八 See Note 8 overleaf</div> | <div>VI 我／我們同意 I/We hereby agree that</div> <div><div>1、銀行向政府表示收到款項的證明，足以代替我／我們的收款證明。 The Bank's acknowledgment to the Government will be sufficient discharge in lieu of acknowledgment by me/us.</div><div>2、我／我們填報在本表格內的付款辦法指示，在付款方式方面，對政府並無約束力。 My/Our payment instructions on this form do not bind the Government in regard to the manner in which payment may be made.</div><div>3、無論屬於何等理由，倘銀行未獲足夠資料確定收款的帳戶，以致款項在未收到進一步資料之前暫停支付，政府並不負責我／我們因銀行帳戶未能如期收到款項所遭受的任何損失或不便。 Where, for any reason, insufficient details are furnished to the Bank to determine the account to be credited and the sum is held in suspense pending receipt of further information, the Government will not be responsible for any loss or inconvenience suffered by me/us as a result of the bank account not being credited at the normal time.</div></div> <div>個人 For individual</div> <div>公司／團體 For company/organization</div> <div><div>簽名 Signature</div><div>姓名(正楷) Name in block letters</div><div>香港身份證／護照號碼 HKIC No./Passport No.</div><div>電話號碼 Telephone No.</div><div>日期 Date</div></div> <div><div>公司印章 Official Stamp</div><div>獲公司／團體授權之認可簽署 Authorized signature</div><div>For and on behalf of the company/organization</div><div>姓名(正楷) Name in block letters</div><div>職位 Position</div><div>電話號碼 Telephone No.</div><div>日期 Date</div></div> | |

附註

個人資料收集聲明

1. 你所提供的資料，將作政府付款給你的用途。
2. 政府可能將部分或全部資料轉交其他已獲法律授權接收的人士。
3. 在《個人資料（私隱）條例》列明的豁免範圍內，你有權取得及更正個人資料。
4. 如欲取得或更改個人資料，請聯絡與你有收支往還的政府部門。

只供收款人填寫（第 I、II、III、IV、V 及 VI 欄）

1. 收款人如為公司或團體，在遞交本表格時，須附交一封使用該公司或團體的正式信紙的說明函件，並須由獲該公司或團體授權的人士簽署。
2. 如欲將本授權書的適用範圍限定於若干項事務，請列明該等事務。
3. 切勿在一空格內填寫超過一個字或一個數字。倘因篇幅所限而未能在行末填寫一個完整的詞彙，須在下一行填上整個詞彙。
4. 請確保所提供的轉數快識別代碼已正確連繫收款人的銀行帳戶或儲值支付工具以收取款項。儲值支付工具僅適用於“轉數快識別碼”，不適用於“香港身份證號碼”登記作為轉數快識別代碼收取款項。
5. 銀行和儲值支付工具營運商根據其經營模式及風險管理措施，就各類型支付設有不同的限額。請向有關銀行或儲值支付工具營運商查詢透過轉數快收取款項的最高交易限額。
6. 帳戶持有人的名稱應與收款人的名稱完全相符。如未能確定銀行編號，請向有關銀行查詢。如銀行編號格式與本表格上的不符，請致電3847 8967跟進。
7. 款項如須存入聯名帳戶，應列明該帳戶的英文全名而收款人名稱應是聯名帳戶的一部分。
8. 如希望以傳真方式或電子郵件接收領款通知書(只可選擇其中一種方式)，請填妥傳真號碼或電子郵件地址。
9. 請把填妥表格寄回你通常致送發票的政府部門，或香港九龍長沙灣東京街西3號庫務大樓19樓庫務署財務管理組。如有查詢，請致電3847 8967。

只供部門填寫

第 I 欄

在供收款人填寫表格前，在“致”字旁的空框內填上接收填妥表格的部門或辦事處的名稱及地址。如收款人銀行帳戶欄資料（第 III 及 IV 欄）有任何更改，須另填一份新表格。

第 VII 欄

在政府財務管理資料系統更新後填寫。

NOTES

Personal Information Collection Statement

1. The information provided by you will be used for purposes of effecting payments to you by the Government.
2. The Government may give some or all of the information to other parties authorized by law to receive it.
3. Subject to exemptions under the Personal Data (Privacy) Ordinance, you have a right of access and correction with respect to personal data.
4. Request for personal data access and correction should be addressed to the relevant Government departments with which you have dealings.

For Payee's Use (Sections I, II, III, IV, V and VI)

1. For companies/organizations, this form must be accompanied by a covering letter on the official letterhead of the company/organization and signed by an authorized signatory of the company/organization.
2. If it is desired to restrict this Authority to payments in respect of certain transactions only, please specify those transactions.
3. Do not use one space for more than one letter or one digit. Where a complete word cannot be entered at the end of a row because of insufficient space, the whole word should be entered in the next row.
4. Please make sure that the FPS Proxy Account provided is properly linked with the bank account or Stored Value Facility ("SVF") for receiving payments. SVF is applicable only to the case of "FPS Identifier" but not "HKIC Number" registered as FPS Proxy Account.
5. Banks and SVF operators have defined different thresholds for various types of payment based on their business models and risk control management. Please contact your banker or SVF operators for the maximum transaction limit for receiving payments through FPS.
6. The bank account should have the same name as the payee's name. If you do not know the bank code of your bank account, please contact your banker. If your bank account has different format from that stated in this form, please contact 3847 8967 for further assistance.
7. Where payment is to be made into a joint account, the full name of the joint account in English must be stated and the payee's name should form part of the name of the joint account.
8. Please enter your fax number or e-mail address if you wish to receive the Remittance Advice by fax or by e-mail (choose one method only).
9. Please send the completed form to the government department to which you normally issue your invoices; or Director of Accounting Services (Attn.: Financial Control Section) at 19/F, Treasury Building, 3 Tonkin Street West, Cheung Sha Wan, Kowloon, Hong Kong. For enquiries, please call 3847 8967.

For Department Use

Section I

Before passing the form to the payee for completion, enter in the box beside the word 'To' the name AND address of the department, or office to which the payee should return the completed form. If there is a change in the bank account details of the payee (Section III and IV), a new form must be completed.

Section VII

To be completed after the supplier record has been updated in the Government Financial Management Information System.

款項付予銀行授權書
AUTHORITY FOR PAYMENT TO A BANK

請以中文或英文填寫本表格第 I、II、III、IV、V 及 VI 欄
Please complete sections I, II, III, IV, V and VI of this form in Chinese or English
(本表格如有任何塗改, 概不受理)
(This form will not be accepted if it contains any erasure or amendment)

| | | |
|--|--|---|
| <p>參閱背頁 只供收款人 填寫的附註 See Notes Overleaf - For Payee's Use</p> | <p>I 致： To: SOCIAL WELFARE DEPARTMENT</p> | <p>VII 只供部門填寫 FOR DEPARTMENT USE ONLY VII 供應商編號 Supplier Number</p> |
| <p>參閱背頁 註一及註二 See Notes 1 & 2 overleaf</p> | <p>本授權書只適用於下述事務的付款：— This Authority applies to payments to me/us in respect of the following transaction(s) only: — 付款給我／我們所須的資料詳情載於第II至第V欄 The particulars necessary to effect payment to me/us are given in Section II to V below</p> | <p>必填： 收款人名稱須與銀行結單／銀行存摺上的名稱相符 Must fill: The payee name must be the same as the name on the bank statement/bank book.</p> |
| <p>參閱背頁 註三 See Note 3 overleaf</p> | <p>II 收款人名稱 (申請人必須填寫)：個人—先寫姓氏 (最多可填寫80個英文字母或40個中文字) Payee's Name (applicant is required to complete): For individual - Surname first (Maximum 80 characters for English or 40 words for Chinese) A B C H O M E F O R A G E D L I M I T E D</p> | |
| <p>參閱背頁 註四及註五 See Notes 4 & 5 overleaf</p> | <p>地址 (最多可填寫120個英文字母或60個中文字) Address (Maximum 120 characters for English or 60 words for Chinese) 1 / F A B C R O A D K W A I C H U N G N T 必填： 只須選 1 項。 Must fill: Please fill in only 1 option.</p> | <p>必填： 地址須與銀行結單／院舍牌照／銀行自動轉賬說明函件上的地址相符。 Must fill: The address must be the same as the address on the bank statement/Home Licence/cover letter.</p> |
| <p>參閱背頁 註三 See Note 3 overleaf</p> | <p>III 請將應付給我／我們的全部款項存入我／我們在下述帳戶 (請選擇其中一項並在適當方格內填上「✓」號) All sums due to me/us should be paid into my/our account (Please choose ONE of the following options and put "✓" in the appropriate box)</p> | <p>銀行帳戶 Bank Account THE HONG KONG AND SHANGHAI BANKING CORPORATION LTD 分行 Branch KWAI FONG 銀行編號 Bank Code 0 0 4 分行編號 Branch Code 6 3 4 帳戶號碼 Account No. 1 0 1 0 1 0 1 0 1</p> |
| <p>參閱背頁 註四及註五 See Notes 4 & 5 overleaf</p> | <p>轉數快識別碼帳戶 FPS Identifier Account 香港身份證號碼登記作為轉數快識別碼帳戶 (請確保香港身份證號碼已提供在第VI欄內) HKIC number registered as an FPS Proxy Account (Please ensure HKIC number has been provided in Section VI)</p> | |
| <p>參閱背頁 註六及註七 See Notes 6 & 7 overleaf</p> | <p>IV 我／我們的銀行帳戶或轉數快識別碼帳戶英文名稱如下 (只適用於付款至銀行帳戶／轉數快識別碼帳戶) My / our Bank Account or FPS Identifier Account English name is as follows (Only applicable to the payment to Bank Account / FPS Identifier Account) 銀行帳戶／轉數快識別碼帳戶英文名稱 Name of Bank Account / FPS Identifier Account in English A B C H O M E F O R A G E D L I M I T E D</p> | <p>必填： 如在第III欄填寫了銀行帳戶，第IV欄須填寫與銀行結單／銀行存摺相符的名稱。 如在第III欄填寫了轉數快識別碼帳戶，第IV欄須填寫與轉數快帳戶相符的名稱 (並需提交有關名稱的截圖)。 Must fill: If the bank account is filled in Part III, please fill in the name shown on the bank statement/bank book in Part IV. If the FPS identifier account number is filled in Part III, please fill in the FPS Identifier Account name in Part IV.</p> |
| <p>參閱背頁 註八 See Note 8 overleaf</p> | <p>V 我／我們選擇以傳真方式或電子郵件接收領款通知書 (請選擇其中一種方式)，我／我們的傳真號碼或電子郵件地址是：— I / We elect to receive the Remittance Advice by fax or by e-mail (please choose one method only). My / Our fax number or e-mail address is: — 傳真號碼 Fax No. 或 OR 電子郵件地址 e-mail address A B C @ D E F . C O M</p> | |
| <p>參閱背頁 註八 See Note 8 overleaf</p> | <p>VI 我／我們同意 I/We hereby agree that 1. 銀行向政府表示收到款項的證明，足以代替我／我們的收款證明。 The Bank's acknowledgment to the Government will be sufficient discharge in lieu of acknowledgment by me/us. 2. 我／我們填報在本表格內的付款辦法指示，在付款方式方面，對政府並無約束力。 My/Our payment instructions on this form do not bind the Government in regard to the manner in which payment may be made. 3. 無論屬於何等理由，倘銀行未獲足夠資料確定收款的帳戶，以致款項在未收到進一步資料之前暫停支付，政府並不負責我／我們因銀行帳戶未能如期收到款項所遭受的任何損失或不便。 Where, for any reason, insufficient details are furnished to the Bank to determine the account to be credited and the sum is held in suspense pending receipt of further information, the Government will not be responsible for any loss or inconvenience suffered by me/us as a result of the bank account not being credited at the normal time.</p> | <p>必填： 只須填 1 項。 Must fill: Please fill in only 1 option.</p> |
| <p>簽名 Signature 姓名(正楷) Name in block letters 香港身份證／護照號碼 HKIC No./Passport No. 電話號碼 Telephone No.</p> | <p>個人 For individual 請不要填寫個人部分。 Please DO NOT fill in "For Individual" part. 必填： 須簽名及蓋上院舍／公司印章 (印章名稱須與牌照名稱相符)。 Must fill: Signature and Home/Company stamp is required (The stamp name must be the same as the name shown on the Licence).</p> | <p>公司／團體 For company/organization 公司印章 Official Stamp 授權簽署 Authorized signature For and on behalf of the company/organization 姓名(正楷) Name in block letters CHAN TAI MAN 職位 Position TREASURER 電話號碼 Telephone No. 2222 2222 日期 Date 1 JUNE 2025</p> |

附註

個人資料收集聲明

1. 你所提供的資料，將作政府付款給你的用途。
2. 政府可能將部分或全部資料轉交其他已獲法律授權接收的人士。
3. 在《個人資料（私隱）條例》列明的豁免範圍內，你有權取得及更正個人資料。
4. 如欲取得或更改個人資料，請聯絡與你有收支往還的政府部門。

只供收款人填寫（第 I, II, III, IV, V及VI欄）

1. 收款人如為公司或團體，在遞交本表格時，須附交一封使用該公司或團體的正式信紙的說明函件，並須由獲該公司或團體授權的人士簽署。
2. 如欲將本授權書的適用範圍限定於若干項事務，請列明該等事務。
3. 切勿在一空格內填寫超過一個字或一個數字。倘因篇幅所限而未能在行末填寫一個完整的詞彙，須在下一行填上整個詞彙。
4. 請確保所提供的轉數快識別代碼已正確連繫收款人的銀行帳戶或儲值支付工具以收取款項。儲值支付工具僅適用於“轉數快識別碼”，不適用於“香港身份證號碼”登記作為轉數快識別代碼收取款項。
5. 銀行和儲值支付工具營運商根據其經營模式及風險管理措施，就各類型支付設有不同的限額。請向有關銀行或儲值支付工具營運商查詢透過轉數快收取款項的最高交易限額。
6. 帳戶持有人的名稱應與收款人的名稱完全相符。如未能確定銀行編號，請向有關銀行查詢。如銀行編號格式與本表格上的不符，請致電3847 8967跟進。
7. 款項如須存入聯名帳戶，應列明該帳戶的英文全名而收款人名稱應是聯名帳戶的一部分。
8. 如希望以傳真方式或電子郵件接收領款通知書(只可選擇其中一種方式)，請填妥傳真號碼或電子郵件地址。
9. 請把填妥表格寄回你通常致送發票的政府部門，或香港九龍長沙灣東京街西3號庫務大樓19樓庫務署財務管理組。如有查詢，請致電3847 8967。

只供部門填寫

第 I 欄

在供收款人填寫表格前，在“致”字旁的空框內填上接收填妥表格的部門或辦事處的名稱及地址。如收款人銀行帳戶欄資料（第III及IV欄）有任何更改，須另填一份新表格。

第 VII 欄

在政府財務管理資料系統更新後填寫。

NOTES

Personal Information Collection Statement

1. The information provided by you will be used for purposes of effecting payments to you by the Government.
2. The Government may give some or all of the information to other parties authorized by law to receive it.
3. Subject to exemptions under the Personal Data (Privacy) Ordinance, you have a right of access and correction with respect to personal data.
4. Request for personal data access and correction should be addressed to the relevant Government departments with which you have dealings.

For Payee's Use (Sections I, II, III, IV, V and VI)

1. For companies/organizations, this form must be accompanied by a covering letter on the official letterhead of the company/organization and signed by an authorized signatory of the company/organization.
2. If it is desired to restrict this Authority to payments in respect of certain transactions only, please specify those transactions.
3. Do not use one space for more than one letter or one digit. Where a complete word cannot be entered at the end of a row because of insufficient space, the whole word should be entered in the next row.
4. Please make sure that the FPS Proxy Account provided is properly linked with the bank account or Stored Value Facility ("SVF") for receiving payments. SVF is applicable only to the case of "FPS Identifier" but not "HKIC Number" registered as FPS Proxy Account.
5. Banks and SVF operators have defined different thresholds for various types of payment based on their business models and risk control management. Please contact your banker or SVF operators for the maximum transaction limit for receiving payments through FPS.
6. The bank account should have the same name as the payee's name. If you do not know the bank code of your bank account, please contact your banker. If your bank account has different format from that stated in this form, please contact 3847 8967 for further assistance.
7. Where payment is to be made into a joint account, the full name of the joint account in English must be stated and the payee's name should form part of the name of the joint account.
8. Please enter your fax number or e-mail address if you wish to receive the Remittance Advice by fax or by e-mail (choose one method only).
9. Please send the completed form to the government department to which you normally issue your invoices; or Director of Accounting Services (Attn.: Financial Control Section) at 19/F, Treasury Building, 3 Tonkin Street West, Cheung Sha Wan, Kowloon, Hong Kong. For enquiries, please call 3847 8967.

For Department Use

Section I

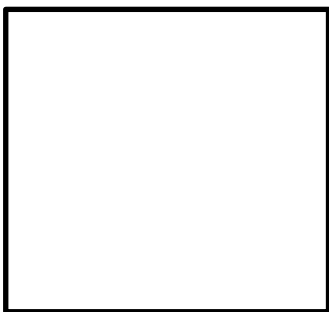
Before passing the form to the payee for completion, enter in the box beside the word 'To' the name AND address of the department, or office to which the payee should return the completed form. If there is a change in the bank account details of the payee (Section III and IV), a new form must be completed.

Section VII

To be completed after the supplier record has been updated in the Government Financial Management Information System.

***Letter of Explanatory for Bank Autopay
Reference Sample
(Must use the letterhead of the Residential
Care Home or its affiliated
company/organisation)***

I am authorised by the Residential Care Home (RCH) or its affiliated company/organisation to confirm the submission of the “Authorization letter of payment to bank”. The following is the correspondence address of the RCH:



(Stamp of RCH or its affiliated
company/organisation)

Signature of RCH operator: _____

Name of RCH operator: _____

Post of RCH operator: _____

Date: _____