**Residential Care Homes (Persons with Disabilities) Ordinance**

**Application for a Licence**

**(Please study Chapter 3 of the Code of Practice for Residential Care Homes (Persons with Disabilities) and the guidance notes for application for a licence before submission)**

|  |
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| Attention: Please put a “✓” in the appropriate box |

**Section I Details of Application**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application for a licence for setting up a new residential care home for persons with disabilities (RCHD) (please fill in Section II) | | | | | | | | | | | |
| Tentative date of commencement of the proposed RCHD: | | | | | | | | | | | |
|  |  | | / |  | / |  | | | | (dd/mm/yyyy) | |
|  | | | | | | | | | | | |
| Application for a licence by a licensed RCHD | | | | | | | | | | | |
| Date of commencement of the existing RCHD: | | | | | | | | | | | |
|  |  | | / |  | / |  | | | | (dd/mm/yyyy) | |
|  | | | | | | | | | | | |
| Reasons for an application for a new licence (may choose more than one item): | | | | | | | | | | | |
| **Change of name of the RCHD** | | | | | | | | | | | |
| Existing name of the RCHD: | | | | | | |  | | | |  |
| Proposed name of the RCHD: | | | | | | |  | | | |  |
| **Change of address of the RCHD** | | | | | | | | | | | |
| Existing address of the RCHD: | | | | | | | | |  | |  |
| Proposed address of the RCHD: | | | | | | | | |  | |  |
| **Change of licence holders/licensed corporation** | | | | | | | | | | | |
| Existing licence holders/licensed corporation of the RCHD: | | | | | | | | | | |  |
|  | |  | | | | | | | | |  |
| Proposed licence holders/licensed corporation of the RCHD: | | | | | | | | | | |  |
|  | |  | | | | | | | | |  |
| **Change of type of the RCHD** | | | | | | | | | | | |
| Existing Type of the RCHD: | | | | | | | | High Care Level home  Medium Care Level home  Low Care Level home | | |  |
| Proposed Type of the RCHD: | | | | | | | | High Care Level home  Medium Care Level home  Low Care Level home | | |  |
| **Change of the maximum number of persons that the RCHD is capable of accommodating** | | | | | | | | | | | |
| Existing maximum number of persons that the RCHD is capable of accommodating – | | | | | | | | | | | |
|  | |  | | |  | | | | | |  |
| Proposed maximum number of persons that the RCHD is capable of accommodating – | | | | | | | | | | | |
|  | |  | | |  | | | | | |  |
|  | | | | | | | | | | | |

**Section II Particulars of the RCHD**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the RCHD (English) | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Name of the RCHD (Chinese) | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Address of the RCHD (English) | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Address of the RCHD (Chinese) | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Telephone number | | | | | | Fax number | | | | | |
|  | | | | | |  | | | | | |
| Email address | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Operation mode of the RCHD | | | | | | | | | | | |
| Subvented home | | | | | | | | | | | |
| Self-financing and non-profit making home | | | | | | | | | | | |
| Private home | | | | | | | | | | | |
| Others (please specify) | |  | | | | | | | | | |
|  | | | | | | | | | | | |
| Type of the RCHD | | | | | | | | | | | |
| High Care Level home | | | | | | | | | | | |
| Medium Care Level home | | | | | | | | | | | |
| Low Care Level home | | | | | | | | | | | |
|  | | | | | | | | | | | |
| The premises of the RCHD is | | | | | | | | | | | |
| self-owned property | | | | | | | | | | | |
| rented premises (please specify the validity of tenancy agreement below) | | | | | | | | | | | |
| rented government land | | | | | | | | | | | |
| partly self-owned and partly rented (please specify the validity of tenancy agreement below) | | | | | | | | | | | |
|  | details of self-owned part | | | |  | | | | |  | |
|  | details of rented part | | | |  | | | | |  | |
| Validity of tenancy agreement (1) | | | From | |  | | to |  | | |  |
| Validity of tenancy agreement (2) | | | From | |  | | to |  | | |  |
| Validity of tenancy agreement (3) | | | From | |  | | to |  | | |  |
|  | | | |  | | | | | | | |
| (Please use supplementary sheets if necessary) | | | | | | | | |  | | |
|  | | | |  | | | | | | | |

**Section II Particulars of the RCHD (Continued)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Number of places in the RCHD | | | | | | | | | | | |
|  | | High Care Level places | | | | |  | |  | |  |
|  | | Medium Care Level places | | | | |  | |  | |  |
|  | | Low Care Level places | | | | |  | |  | |  |
|  | | Total | | | | |  | |  | |  |
|  | | | | | | | | | | | |
| Area of floor space of the RCHD (shall be the same as shown on the layout plan submitted with this application form) | | | | | | | | | | | |
|  |  | | | | m2 | | | | | | |
|  | | | | | | | | | | | |
| Type of applicant of the RCHD | | | | | | | | | | | |
| Sole proprietorship [Please fill in Section III(A)] | | | | | | | | | | | |
| Partnership [Please fill in Section III(A)] | | | | | | | | | | | |
| Body corporate [including a non-governmental organisation (NGO)] [Please fill in Section III(B)] | | | | | | | | | | | |
|  | | |  |  | |  | |  | |  | |

**Section III (A) A Sole Proprietorship or Partnership**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the operator(s) (shall be the same as shown on the Hong Kong Identity Card) | | | | | | | | |
| 1. Mr/Ms | | | | | | | | |
|  |  | | | ( | |  | | ) |
|  | English (surname first, then other names) | |  | | Chinese | |  | |
|  | | | | | | | | |
| Hong Kong Identity Card number | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| 1. Mr/Ms | | | | | | | | |
|  |  | | | ( | |  | | ) |
|  | English (surname first, then other names) | |  | | Chinese | |  | |
|  | | | | | | | | |
| Hong Kong Identity Card number | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| 1. Mr/Ms | | | | | | | | |
|  |  | | | ( | |  | | ) |
|  | English (surname first, then other names) | |  | | Chinese | |  | |
|  | | | | | | | | |
| Hong Kong Identity Card number | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| 1. Mr/Ms | | | | | | | | |
|  |  | | | ( | |  | | ) |
|  | English (surname first, then other names) | |  | | Chinese | |  | |
|  | | | | | | | | |
| Hong Kong Identity Card number | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | (Please use supplementary sheets if necessary) | | | | |  | |

**Section III (B) A Body Corporate (including an NGO)**

|  |  |
| --- | --- |
| Name of the company/NGO (English) | |
|  | |
|  | |
| Name of the company/NGO (Chinese) | |
|  | |
|  | |
| Business Registration Certificate number (if applicable) | Certificate of Incorporation number (if applicable) |
|  |  |
|  |  |
| Address of the company/NGO (English) | |
|  | |
|  | |
|  | |
| Address of the company/NGO (Chinese) | |
|  | |
|  | |
|  | |
| Telephone number | Email address |
|  |  |
|  |  |

**Section IV Correspondence of the Applicant/Representative of the Applicant**(A partnership or body corporate (including an NGO) shall authorise a representative of the applicant in writing. Please refer to the guidance notes for application of a licence for details)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the applicant/representative of the applicant  (shall be the same as shown on the Hong Kong Identity Card) | | | | | | | | |
| Mr/Ms | | | | | | | | |
|  |  | | | ( | |  | | ) |
|  | English (surname first, then other names) | |  | | Chinese | |  | |
|  | | | | | | | | |
| English correspondence address of the applicant/representative of the applicant (applicable to a sole proprietorship/partnership) | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Chinese correspondence address of the applicant/representative of the applicant (applicable to a sole proprietorship/partnership) | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Mobile phone number | | Office phone number | | | | | | |
|  | |  | | | | | | |
| Email address | | | | | | | | |
|  | | | | | | | | |
| Position of the applicant/representative of the applicant held in the company/NGO/RCHD (if applicable) | | | | | | | | |
|  | | | | | | | | |
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**Section V Declaration**

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| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| I declare that: | | | | | |
|  | | | | | |
| 1. the information I have given on this application form is true and correct to the best of my knowledge and belief; and | | | | | |
|  | | | | | |
| 1. the operation, keeping, management or other control of the RCHD above is under my continuous supervision. | | | | | |
|  | | | | | |
|  | | | | | |
| Date: |  | Signature of the applicant/  representative of the applicant: | |  |  |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| Company/Organisation stamp (if applicable): | | |  | |  |
|  | | | | | |

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| **WARNING**   1. Under section 22(6)(a) of the Residential Care Homes (Persons with Disabilities) Ordinance, a person commits an offence if the person in or in connection with any application makes any statement or gives any information, whether in oral or written form, which is false in any material particular and which the person knows or reasonably ought to know is false in the material particular. The provision of such false information may also prejudice this application and the existing certificate of exemption/licence. 2. Under section 4 of the Residential Care Homes (Persons with Disabilities) Ordinance, a person must not operate, keep, manage or in any other way have control of a residential care home for persons with disabilities otherwise than under a licence for the time being in force. A person who contravenes the above commits an offence and is liable to a fine at level 6 and to imprisonment for 2 years; and to a further fine of $10,000 for each day during which the offence continues. 3. Licensing of a RCHD does not prejudice the power of other government departments to take enforcement or regulatory actions, neither release or affect any contract, covenant or deed of mutual covenant in respect of the premises or building. The applicant/representative of the applicant shall be responsible for ensuring that the premises used for the purpose of RCHD comply with the relevant legislations, statutory plans, land lease conditions, deed of mutual covenant and tenancy conditions. |

**Residential Care Homes (Persons with Disabilities) Ordinance**

**Guidance Notes for Application for a Licence**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | An “applicant” includes a sole proprietorship, partnership and body corporate (including an NGO). | | | |
|  | A partnership and body corporate (including an NGO) shall authorise a “representative of the applicant” to sign on this application form, and submit a written authorisation together with this application form. | | | |
|  | The applicant/representative of the applicant shall forward the original copy of a completed application form by dispatch or by registered post to the Licensing Office of Residential Care Homes for Persons with Disabilities (LORCHD) of the Social Welfare Department at the following address – | | | |
|  |  | | | 5/F, THE HUB, 23 Yip Kan Street,  Wong Chuk Hang, Hong Kong |
|  | Any person applying for an RCHD licence shall submit the following documents at the same time – | | | |
|  | | |  | |
| (a) Applicable to all applications | | | | |
|  | layout plans of the RCHD (please refer to Annex 3.3 of the Code of Practice for Residential Care Homes (Persons with Disabilities) for the requirements of layout plans) | | | |
|  | photocopy of the tenancy agreement of the RCHD premises (applicable to rented premises) | | | |
|  | photocopy of the deed of assignment of the RCHD premises (applicable to self-owned premises) | | | |
|  | certified copy of the Business Registration Application (applicable to applications of private RCHDs) | | | |
|  | photocopy of the Business Registration Certificate (applicable to applications of private RCHDs) | | | |
|  | photocopy of the Branch Registration Certificate (applicable to applications of private RCHDs) (if applicable) | | | |
|  | staff list of the RCHD | | | |
|  | photocopy of the relevant documents related to fire safety and precautionary measures [please refer to Annex 5.1 of the Code of Practice for Residential Care Homes (Persons with Disabilities)] | | | |
|  | photocopy of the letter issued by the Buildings Department regarding the change in use of a building (applicable to RCHD premises situated at non-domestic premises or non-domestic part of composite buildings) | | | |
|  | documentary proof of planning permission issued by the Town Planning Board (if applicable) | | | |
|  | waiver issued by the Lands Department (if applicable) | | | |
|  | |  | | |
| **Besides the items in (a) above, the following documents shall be submitted –** | | | | |
| (b)(i) Applicable to an application of a sole proprietorship | | | | |
|  | photocopy of Hong Kong Identity Card of the applicant | | | |
|  | |  | | |
| (b)(ii) Applicable to an application of a partnership | | | | |
|  | photocopies of Hong Kong Identity Card of all partners | | | |
|  | original copy of the written authorisation for the representative of the applicant | | | |
|  | |  | | |
| (b)(iii) Applicable to an application of a body corporate (including an NGO) | | | | |
|  | original copy of the written authorisation for the representative of the applicant | | | |
|  | photocopy of the Incorporation Form (NNC1) | | | |
|  | photocopy of the Certificate of Incorporation | | | |
|  | Memorandum of Association and/or Articles of Association | | | |
|  | photocopy of the Annual Return (NAR1) (applicable to an existing body corporate) | | | |
|  | photocopy of the Notice of Change of Company Name (NNC2) (if applicable) | | | |
|  | photocopy of the Notice of Change of Company Secretary and Director (Appointment/Cessation) (ND2A) (if applicable) | | | |