| 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) |
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| On Duty Time (am/pm) | Off Duty Time (am/pm) |
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| **Part II** | **Number of Staff** | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Operator/Home Manager of RCHE:  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. | | | RCHE Stamp | | | Signature: |  | |  | | | Name: |  | |  | | | Post: |  | |  | | |  |  | |  | | |  | |  |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | | | | | | | | |
| **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:** | | |  |

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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** | | | | | | **Note 3:** | **Qualifications (may choose more than one item)** | | | | | |
|  | HM: | Home Manager | CW: | Care Worker | PT: | Physiotherapist |  | (1) Licensing Requirement | | (2) Other Certification | | (3) Training Subsidy Scheme for Staff of Residential Care Homes | |
| RN: | Registered Nurse | AW: | Ancillary Worker\* | OT: | Occupational Therapist |
| EN: | Enrolled Nurse | SW: | Social Worker | DT: | Dietician |
|  | HW: | Health Worker | Others (please specify): | | | |  | A1: | Registered Nurse | B1: | Care Worker | C1: | Training for Home |
|  |  |  |  |  |  |  |  | A2: | Enrolled Nurse |  | Certificate |  | Managers (Course A) |
|  | \*AW may include a cook, domestic servant, driver, gardener, watchman, welfare worker or clerk | | | | | |  | A3: | Health Worker | B2: | Physiotherapist |  | Certificate |
|  |  |  | Certificate | B3: | Occupational | C2: | Training for Home |
|  |  | | | | | |  | A4: | First Aid Certificate |  | Therapist |  | Managers (Course B) |
|  |  | | | | | |  |  |  | B4: | Social Worker |  | Certificate |
|  |  | | | | | |  |  |  |  |  | C3: | Advanced Training for |
|  |  | | | | | |  |  |  |  |  |  | Health Workers |
|  |  | | | | | |  |  |  |  |  |  | Certificate |
|  |  | | | | | |  |  |  |  |  | C4: | Training for Care |
|  |  | | | | | |  |  |  |  |  |  | Workers Certificate |

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| **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**

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| **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.** |