| 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 RCHD:  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. | | | RCHD 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 RCHD shall report all staff employed to perform work in the RCHD 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 RCHD operator/home manager together with the RCHD 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 RCHD 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 22(6)(a) & 22(6)(c) of the Residential Care Homes (Persons with Disabilities) Ordinance, any person commits an offence if gives any information which is false in a material particular and which the person knows or reasonably ought to know is false in the material particular.** |