###### Annex 1

**Application Form for Joining**

**the Residential Care Service Voucher Scheme for the Elderly as Recognised Service Provider**

*[One application form for one residential care home for the elderly]*

I/my organisation, am/is applying for the residential care home for the elderly (RCHE) named in Part 2 (i) of this Application Form to join the Residential Care Service Voucher Scheme for the Elderly (the Scheme) as a Recognised Service Provider (RSP). I/my organisation am/is providing the following information with relevant documentary proof enclosed for the consideration of the Social Welfare Department (SWD).

Unless otherwise defined, capitalised terms in this Application Form shall have meaning as defined in the Invitation for Applications (Ref.: SWD/EB/RCSV/IOP/9).

###### Applicant[1](#_bookmark1) Information

**Part 1**

1. If the operator is an individual or a partner, please fill in the following information:

|  |  |  |
| --- | --- | --- |
| Name of English | Name of Chinese | HKIC No. |
|  |  |  |

1. If the operator is a limited company, please fill in the following information:

|  |
| --- |
| Name of Company: |
|  |
| (English) |
|  |
| (Chinese) |

|  |
| --- |
| Address of Company: |
|  |
| (English) |
|  |
| (Chinese) |

1. Applicant refers to the person/ organisation that has been holder of a licence issued under the Residential Care Homes (Elderly Persons) Ordinance (Chapter 459, Laws of Hong Kong) in respect of the above residential care home.
2. Applicant / Representative Acting on behalf of the Operator

|  |  |  |
| --- | --- | --- |
| Name: | ( | ) |
| (English) | (Chinese) | |
| Address: |  |  |
|  |  |  |
| (English) | | |
|  | | |
| (Chinese) | | |
| Post title in the RCHE/Company (if applicable): |  |  |
| Contact Telephone Number: |  |  |
| Fax Number: |  |  |
| E-mail Address: |  |  |

###### (B) Applicant’s Declaration:

I declare that the information I have given on this Application Form is true and correct to the best of my knowledge and belief.

I confirm that I/my organisation has met all the criteria set out in Paragraph 5 of the Invitation for Applications (Ref.: SWD/EB/RCSV/IOP/9).

I also confirm to apply for joining the Residential Care Service Voucher Scheme for the Elderly as a RSP and understand that this submission will form part of the agreement if the application is successful.

|  |  |  |
| --- | --- | --- |
| *(Please stamp company / organisation chop below)* | Authorised Signature: |  |
|  | Name: |  |
|  |  | (in block letters) |
|  | Post: |  |
|  | Telephone No.: |  |
|  |  |  |
|  | Date: |  |

## Part 2

|  |  |  |
| --- | --- | --- |
| **Information on RCHE** (please  where appropriate) | | |
| (i) | Name of the RCHE |  |
|  | (Chinese) |  |
|  | (English) |  |
| (ii) | Address of the RCHE: |  |
|  |  |  |
|  | (Chinese) |  |
|  |  |  |
|  | (English) |  |
| (iii) | Telephone No.: |  |
| (iv) | Fax No.: |  |
| (v) | Email address: |  |
| (vi) | LORCHE number: | **L** |
| (vii) | Commencement date of the first licence issued to the RCHE (dd/mm/yyyyy): | |
| (viii) | Expiry date of the current licence issued to the RCHE (dd/mm/yyyyy): | |
| (ix) | Area of Floor Space[2](#_bookmark2) | m2 |
| (x) | Existing service capacity: |  |
|  | (a) Maximum number of residents permitted under the licence in respect of the RCHE: | |
|  | (b) Current number of residential care places: | (Total No.) |
|  |  Subsidised: | |
|  |  Non-subsidised: | |
|  | (c) Number of residents on date of Application: | (Total No.) |
|  |  Numbers in subsidised places: |  |
|  |  Numbers in non-subsidised places: |  |

1. Net Floor Area as defined in the “Code of Practice for Residential Care Homes (Elderly Persons) January 2020 (Revised Edition)”.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (xi) | Is each resident currently occupying an area of floor space not less than 9.5 m2 ? | | | | |
|  |  Occupy 9.5 m2 or above | | * Not yet occupy 9.5 m2 | | |
| (xii) | Total number of beds proposed for accommodating Voucher Holders at the Voucher Value as a ceiling price under the Service Agreement : | | | | |
|  | Total number: | (including | (Male), | (Female) and | (Gender not specified)) |
| [Note: Applicant should submit a floor plan of the RCHE showing the location of all beds proposed for accommodating Voucher Holders at the Voucher Value as a ceiling price under the Service Agreement (with the bed numbers marked for identification purpose). Such floor plan will be included in the Service Agreement]. | | | | | |
| (xiii) | Number of beds proposed for accommodating Voucher Holders at the Voucher Value as a ceiling price under the Service Agreement which are vacant as at the date of this application: | | | | |
|  | Total number: | (including | (Male), | (Female) and | (Gender not specified)) |
| (xiv) | Total number of beds proposed for accommodating Voucher Holders at Value higher than the Voucher Value under the Service Agreement : | | | | |
|  | Total number: | (including | (Male), | (Female) and | (Gender not specified)) |
| [Note: Applicant should submit a floor plan of the RCHE showing the location of all beds proposed for accommodating Voucher Holders at Value higher than the Voucher Value under the Service Agreement (with the bed numbers marked for identification purpose). Such floor plan will be included in the Service Agreement]. | | | | | |
| (xv) | Number of beds proposed for accommodating Voucher Holders at Value higher than the Voucher Value under the Service Agreement which are vacant as at the date of this application: | | | | |
|  | Total number: | (including | (Male), | (Female) and | (Gender not specified)) |
| (xvi) | Any proposed change by reason of the Scheme in the internal layout, location or number of beds, operation arrangement which may be contrary to any of the licencing conditions in respect of the RCHE, any terms in any existing service contract, service agreement or Funding & Service Agreement made between the Government and the Applicant) : | | | | |
|  |  No |  |  |  |  |
|  |  Yes, please indicate the change(s) : | | |  |  |
|  |  | | |  |  |
|  | [Note: Where the answer to the above questions is “yes”, the Applicant is reminded to seek approval from the relevant authorities.] | | | | |

## Part 3

###### (EA1 homes under the Enhanced Bought Place Scheme are not required to complete Part 3 and not required to submit the “Staff List” and “Staff Duty Roster”)

**Provision of staff by the Applicant at that RCHE is as follows -**

1. Information on staff currently employed at that RCHE is provided in the “Staff List”[3](#_bookmark4) in respect of that RCHE contained in the Appendix to this Application Form. In addition, also attach the latest “Staff Duty Roster”[4](#_bookmark5).
2. Information on staff currently deployed by that RCHE through sub-contracting, if any, is provided as below-

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| --- | --- | --- |
| **Type of Staff** | **Name and Address of the Sub-contractor** | **Total working hours per week** |
|  |  |  |
|  |  |  |
|  |  |  |

(Use separate sheet if necessary)

[Note: Applicant should submit a copy of relevant agreement entered into between the Applicant and the sub-contractor as documentary proof.]

1. If the RCHE proposed by the Applicant as a RSP under the Scheme plans to admit residents by phases (applicable to RCHE only provide care and attention places), the Applicant may submit an “Enrolment Plan by Phases”, i.e. the RCHE will employ no. of staff based on projected total number of residents in different phases until the whole RCHE meets the staffing requirements in Part A of Annex I of Service Specifications in this “Invitation for Applications”. The RCHE must gradually employ the required types and working hours of staff in not exceeding 3 phases. SWD will consider whether the “Enrolment Plan by Phases” is reasonable, among all, in considering whether the RCHE can be accepted as a RSP. The Applicant should obtain the related form on “Enrolment Plan by Phases” from SWD.

3 Annex 3.2 of “Code of Practice for the Residential Care Homes (Elderly Persons) January 2020 (Revised Edition)”.

4 According to paragraph 8.6 of Chapter 8 of the “Code of Practice for Residential Care Homes (Elderly Persons) January 2020 (Revised Edition)”, RCHE shall maintain the record of staff monthly duty roster.

## Part 4

**Documents Enclosed** (please  where applicable)

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|  | (i) Three (3) original hard copies of the completed Application Form |
|  | (ii) A copy of the current licence in respect of the RCHE issued by the Director of Social Welfare under the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) |
|  | (iii) A copy of document / certificate on the registration under Section 88 of the Inland Revenue Ordinance (Cap. 112) in respect of the Applicant |
|  | (iv) A copy of the Certificate of Incorporation issued by the Registrar of Companies in respect of the Applicant |
|  | (v) A copy of the Business Registration Certificate issued by the Registrar of Companies in respect of the RCHE |
|  | (vi) Two (2) hard copies of floor plan of the RCHE showing the respective location of all beds proposed for accepting Voucher Holders under the Service Agreement (with the bed numbers and types of beds marked for identification purpose) with chop of company / organization, applicant’s name and signature (at least A3 size) |
|  | (vii) Staff List of Residential Care Home for the Elderly and Staff Duty Roster at **Annex 3.2 to Application Form** |
|  | (viii) A copy of the agreement(s) entered between the Applicant and its sub-contractor for the provision of staff specified in Part 3(B) |
|  | (ix) A copy of the training certificates or certificates awarded under “Recognition of Prior Learning” Mechanism under the Qualifications Framework in respect of the care workers who have completed a personal care worker training course or a health worker training course each of a duration not less than three full days provided by a training institution acceptable to SWD |
|  | (x) A document of authoirsation such as a power of attorney and/or a written resolution issued by the operator(s) to designate a person to make an application for the company/ organisation and to sign the Service Agreement with SWD (if applicable) |
|  | (xi) A copy of the latest Companies Registry Annual Return (Form NAR1) and Notice of Change of Company Secretary and Director (Appointment/Cessation) (Form ND2A) (if applicable) |
|  | (xii) A copy of the training certificate or certificates awarded under “Recognition of Prior Learning” Mechanism under the Qualifications Frame worker in respect of the physiotherapy assistants/occupational therapy assistants who have completed a physiotherapy assistant/occupational therapy assistant training course each of a duration not less than three (3) full days provided by a training institution acceptable to SWD |

#### Particulars of the Contact Person in Relation to the Application:

|  |  |
| --- | --- |
| **Name: (Chinese)** |  |
| **(English)** |  |
| **Post:** |  |
| **Telephone:** |  |
| **Fax number:** |  |
| **E-mail address:** |  |

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| Name of RCHE: | | |  |  |  |  | | --- | --- | --- | --- | | Operator/Home Manager of RCHE: | |  | RCHE Stamp | | Signature: |  | |  | | Name: |  | |  | | Post: |  | |  | |  |  | |  | | | |
| Name of RCHE: | |  | | |
| Telephone of RCHE: | |  | | |
| Date of Report:  (dd/mm/yyyy) | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ☐31/3/20 |  | ☐30/6/20 |  | ☐30/9/20 | | | |  | | | ☐31/12/20 | | |  | | | Another date (please specify) | | | | | ☐ |  | / | |  | / | |  |  | |  | | | | | | |
| No. of Residents on the Date of Report: | | |  | (including resident(s) on home leave or staying in hospital) |
| No. of Beds on the Date of Report: | | |  |  |

| **Part I Staff Information** (Note 1) | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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) |
| 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:** | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |

|  |  |  |
| --- | --- | --- |
| **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**

**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.**