

Residential Care Homes (Persons with Disabilities) Ordinance

Proposal of a Responsible Person for a Residential Care Home for the Persons with Disabilities

Note: Please put a “✓” in the appropriate boxes

Part I Details of Application

<input type="checkbox"/> Proposal of a responsible person for an application for a licence in respect of a Residential Care Home for the Persons with Disabilities (RCHD) under section 7 of the Residential Care Homes (Persons with Disabilities) Ordinance (No need to fill in Part II).	
<input type="checkbox"/> Proposal of a responsible person for an application for the renewal of a licence in respect of an RCHD under section 8 of the Residential Care Homes (Persons with Disabilities) Ordinance (No need to fill in Part II) (This is only applicable to the first application for the licence renewal made on or after 16 June 2024; and the licence was in force immediately before that date; or is issued on or after 16 June 2024 on an application made before that date.).	
<input type="checkbox"/> Change of responsible person under	
<input type="checkbox"/> section 10F (Change of responsible person as required by the Director of Social Welfare (DSW)); or	
<input type="checkbox"/> section 10G (Change of responsible person because of death, incapacity, etc.); or	
<input type="checkbox"/> section 10H (Change of responsible person in other circumstances)	
of the Residential Care Homes (Persons with Disabilities) Ordinance	
Name of the RCHD in English	
Name of the RCHD in Chinese	
Address of the RCHD in English	
Address of the RCHD in Chinese	
LORCHD No. (if applicable)	
Telephone number	Fax number
Email address	

Part II Change of Responsible Person

(For specified time requirement for the application, please refer to Part V)

I hereby inform the DSW that the responsible person of the RCHD has ceased/will cease* to hold the position on

_____ (day) _____ (month) _____ (year)

due to the following reason (Please select one option only):

<input type="checkbox"/>	Required by DSW to change the responsible person in accordance with section 10F of the Residential Care Homes (Persons with Disabilities) Ordinance
<input type="checkbox"/>	Deceased
<input type="checkbox"/>	Becoming incapable of managing and administering his or her property and affairs due to mental or physical incapacity
<input type="checkbox"/>	Ceased to be a management officer of the operator of the residential care home
<input type="checkbox"/>	Withdrawal of his or her consent to be the responsible person of the RCHD by providing a written notice to the RCHD operator and DSW
<input type="checkbox"/>	Others (Please specify):

The newly proposed responsible person will assume office on

_____ (day) _____ (month) _____ (year)

Part III Personal Particulars of the Proposed Responsible Person (To be filled in by the Applicant/Operator) (please provide the photocopy of Hong Kong Identity Card and correspondence address of responsible person)

I, the applicant/operator, propose the following management officer to be appointed as the responsible person of the aforementioned RCHD.

Name of the proposed responsible person (Shall be the same as the name shown on the Hong Kong Identity Card) <input type="checkbox"/> Mr/ <input type="checkbox"/> Ms _____ (_____) English (surname first, then other names) Chinese	
Hong Kong Identity Card number	
Correspondence address in English	
Correspondence address in Chinese	
Telephone number	Email address
Position of the proposed responsible person in the <input type="checkbox"/> sole proprietorship/ <input type="checkbox"/> partnership/ <input type="checkbox"/> body corporate/ <input type="checkbox"/> Non-Governmental Organisation / <input type="checkbox"/> RCHD	
Is the proposed responsible person currently being appointed as the responsible person in other Residential Care Home(s) for the Elderly /Persons with Disabilities? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please provide LORCHE/LORCHD number and RCH name: _____)	

Part IV Other Particulars of the Proposed Responsible Person

I, the applicant/operator, hereby declare that:

1. the proposed responsible person is currently being prosecuted for or has been convicted of an offence involving fraud or dishonesty in any place.

- No
- Yes (If you answer "Yes", please provide the relevant prosecution documents/court documents with the following details)
- being prosecuted currently

Prosecuting authority	
Place of prosecuting authority	
Offence involved	
Date of hearing	

- has been convicted

Court that tried the offence	
Place of the court	
Offence committed	
Penalty imposed	
Date of conviction	

2. the proposed responsible person is currently being prosecuted for or has been convicted of an indictable offence¹ in Hong Kong.

- No
- Yes (If you answer "Yes", please provide the relevant prosecution documents/court documents with the following details)
- being prosecuted currently

Prosecuting authority	
Offence involved	
Date of hearing	

- has been convicted

Court that tried the offence	
Offence committed	
Penalty imposed	
Date of conviction	

¹ According to section 14A of the Criminal Procedure Ordinance (Cap. 221), if the legislative provision creating the offence contains the words "upon indictment" or "on indictment" etc., then the offence is an indictable offence.

3. the proposed responsible person is currently being prosecuted for an offence punishable with imprisonment or has been sentenced to imprisonment, whether or not the sentence is suspended, in a place outside Hong Kong.

- No
- Yes (If you answer “Yes”, please provide the relevant prosecution documents/court documents with the following details)
- being prosecuted currently

Prosecuting authority	
Place of prosecuting authority	
Offence involved	
Date of hearing	

- has been convicted

Court that tried the offence	
Place of the court	
Offence committed	
Penalty imposed	
Date of conviction	

4. the proposed responsible person is currently being prosecuted for or has been convicted of an offence against the Residential Care Homes (Elderly Persons) Ordinance/Residential Care Homes (Elderly Persons) Regulation/Residential Care Homes (Persons with Disabilities) Ordinance/Residential Care Homes (Persons with Disabilities) Regulation.

- No
- Yes (If you answer “Yes”, please provide the relevant prosecution documents/court documents with the following details)
- being prosecuted currently

Prosecuting authority	
Offence involved	
Date of hearing	

- has been convicted

Court that tried the offence	
Offence committed	
Penalty imposed	
Date of conviction	

5. the proposed responsible person, being the operator of RCHE/RCHD (applicable to both the individual and the partner (being an individual)) previously, has been refused the issuance or renewal of a licence/certificate of exemption under the Residential Care Homes (Elderly Persons) Ordinance/Residential Care Homes (Persons with Disabilities) Ordinance.

- No
 Yes (If you answer “Yes”, please provide the following details)

Date	
LORCHE/LORCHD number and RCH name (if applicable)	
Reason(s)	

6. the proposed responsible person is an undischarged bankrupt.

- No
 Yes (If you answer “Yes”, please provide the following details and relevant documents)

Date of adjudication	
Court that made the adjudication	

7. the proposed responsible person has entered into composition or scheme of arrangement with the creditor(s).

- No
 Yes (If you answer “Yes”, please provide the following details and relevant documents)

Date of approval of the composition or scheme of arrangement with the creditor(s)	
Repayment proposal	

8. the proposed responsible person is a director of a body corporate that is in liquidation or the subject of a winding-up order.

- No
 Yes (If you answer “Yes”, please provide the following details and relevant documents)

Name of the company in English	
Name of the company in Chinese (if applicable)	
Business Registration number	
Certificate of Incorporation number (if applicable)	
Registered address of the company	
Date of adjudication	
Court that made the adjudication	

Part V Declaration of the Applicant/Operator (Including a Sole Proprietor, a Body Corporate, a Partner in the Partnership)

<p>I declare that:</p> <ol style="list-style-type: none">1. The information I have provided on this application form is true and correct to the best of my knowledge and belief;2. I fully understand my duties as the operator of the RCHD, and will continue to monitor whether the proposed responsible person meets the “fit and proper” requirement as set out in section 10(E) of the Residential Care Homes (Persons with Disabilities) Ordinance (“Ordinance”) (including the matters set out in Schedule 2), and whether such person is capable of competently performing the duties mentioned in section 10(D) of the Ordinance;3. If such responsible person no longer meets the “fit and proper” requirement, I should report to the DSW in accordance with section 10(J) of the Ordinance;4. I fully understand that, according to Section 10(H) of the Ordinance, if there is a change of the responsible person under normal circumstances, I should notify the DSW <u>at least 14 days before</u> such person ceases to be the responsible person, using a form specified by the DSW, and proceed to change the responsible person of the RCHD in accordance with the Ordinance;5. I fully understand that, according to Section 10(G) of the Ordinance, in case of sudden events such as the death or incapacity of the responsible person that require an immediate change of the responsible person, I should notify the DSW within 7 days after the date on which I become aware of the relevant event, using a form specified by the DSW, and proceed to change the responsible person in accordance with the Ordinance; and6. I understand that if I have complied with the time requirements specified in paragraph 4 and 5 above to notify Social Welfare Department (SWD) for change of the responsible person, the validity of the RCHD licence will not be affected when the DSW is processing and approving the proposal of change of responsible person. <p style="text-align: right;">Signature of the <input type="checkbox"/> Applicant/ <input type="checkbox"/> Authorised Representative/ <input type="checkbox"/> Respective partner: _____</p> <p>Date: _____ Name (Block letters): _____</p> <p style="text-align: center;">Company/Organisation Chop (if applicable): _____</p>
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Part VI Declaration of the Proposed Responsible Person

- 1. I have read, understood and agreed to the contents of this declaration, and the Personal Information Collection Statement;
- 2. I agree that the information provided on this application form is true and correct to the best of my knowledge and belief;
- 3. I agree to be the responsible person of the RCHD, and I fully understand that my duty as the responsible person is to ensure adequate supervision of the operation, keeping, management and control of the RCHD for protecting the interest and safety of the residents and ensure that the RCHD is operated in compliance with the Ordinance;
- 4. I consent to the SWD making necessary enquiries on matters regarding my application and for verifying the information given above (e.g. requesting details of my conviction records (if any) from the Commissioner of Police; details of my bankruptcy records (if any) from the Official Receiver);
- 5. I agree to sign the specified authorisation in the witness of the staff of Licensing Office of Residential Care Homes for the Persons with Disabilities so as to authorise the Commissioner of Police to release my criminal record(s) to the SWD for vetting of this application to be appointed as the responsible person of the RCHD;
- 6. I authorise all government departments and other organisations or agencies (including but not limited to the Town Planning Board/ Planning Department/ Land Registry/ Hong Kong Police Force/ Fire Services Department/ Buildings Department/ Electrical and Mechanical Services Department/ Official Receiver's Office/ Government bureaux and departments/ public utilities companies, etc.) to disclose any relevant records and information pertaining to my application to be the responsible person of the RCHD on a need-to-know basis; and
- 7. If I no longer agree to be the responsible person of the RCHD, I may give a written notice to the operator of the RCHD and the DSW to withdraw my consent to be the responsible person.

Signature of the Proposed Responsible Person: _____

Date: _____

Name (Block letters): _____

WARNING

Under section 22(6)(a) of the Residential Care Homes (Persons with Disabilities) Ordinance, any person who in or in connection with this application makes any statement or furnishes any information, whether such statement be oral or written, which is false in any material particular and which the person knows or reasonably ought to know is false in such particular commits an offence. The provision of such false information may also prejudice this application and the existing licence.

Personal Information Collection Statement

Please read this notice before you provide any personal data² to the SWD.

Purposes of Collection

1. The personal data supplied by you will be used by the SWD to process your proposal for/appointment as responsible person for the RCHD and related matters, including (but is not limited to) licence application, service supervision and regulation and inquiry, etc. Provision of personal data to the SWD is voluntary. However, if you fail to provide the requested personal data, the SWD may be unable to process your application.

Classes of Transferees

2. The personal data you provided may be made available to other government departments/organisations/persons or under the circumstances listed below for the purposes mentioned in paragraph 1 above –
 - (a) Other government departments/organisations/persons if they are involved in –
 - (i) the application for residential care home licence;
 - (ii) service supervision and regulation of residential care homes, including handling of complaints;
 - (b) Where such disclosure is authorised or required by law; or
 - (c) 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 & Regulation)²
 Office : Development Section, Licensing & Regulation Branch, Social Welfare
 Department
 Address : 5/F, THE HUB, 23 Yip Kan Street, Wong Chuk Hang, Hong Kong
 Email : eoilr2@swd.gov.hk

² Under the Personal Data (Privacy) Ordinance (Cap. 486), personal data means any data –

- (a) relating directly or indirectly to a living individual;
- (b) from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and
- (c) in a form in which access to or processing of the data is practicable.