

To: Social Welfare Department  
 Development Section  
 Licensing and Regulation Branch  
 5/F, THE HUB, 23 Yip Kan Street,  
 Wong Chuk Hang, Hong Kong

Fax : 3620 3134 [Registered Home Manager/Registered Home Manager (provisional)]  
 3793 4184 (Registered Health Worker)

Email : cprs\_hmhw@swd.gov.hk

**Reporting Form for Registered Home Manager/Registered Home  
 Manager (Provisional)/Registered Health Worker  
 (Reporting of prosecution or conviction/  
 professional or academic qualification being revoked)**

Please put a (✓) in the appropriate box and delete where inappropriate (\*)

**(I) Personal Particulars**

Name (shall be the same as shown on the Hong Kong Smart Identity Card, and please complete in BLOCK LETTERS)	
_____ ( _____ )	
English	Chinese
Hong Kong Identity Card number: _____ :	
Type of Application	<input type="checkbox"/> *Registered home manager/registered home manager (provisional) of Residential Care Homes for the Elderly (RCHEs) (Registration number : _____ )
	<input type="checkbox"/> *Registered home manager/registered home manager (provisional) of Residential Care Homes for the Persons with Disabilities (RCHDs) (Registration number : _____ )
	<input type="checkbox"/> Registered health worker of RCHEs (Registration number : _____ )
	<input type="checkbox"/> Registered health worker of RCHDs (Registration number : _____ )
Telephone number (Mobile) : _____	
Email address : _____	

## (II) Reporting Items (prosecution or conviction/professional or academic qualification being revoked)

1. Registered home managers/registered home managers (provisional) shall report the record of their prosecution, conviction or revocation of professional or academic qualifications, which has never been reported before since application for registration, to the Director of Social Welfare (DSW).
2. Registered health workers must report the record of their prosecution and /or conviction, which has never been reported since 16 June 2024, to the DSW.

(1) I hereby inform the DSW that:

<input type="checkbox"/>	I am currently being prosecuted for an indictable offence <sup>1</sup> in Hong Kong.	[Please fill in part (2)]
<input type="checkbox"/>	I am currently being prosecuted for an offence punishable with imprisonment (however described) in a place outside Hong Kong.	
<input type="checkbox"/>	I am convicted of an indictable offence in Hong Kong.	[Please fill in part (3)]
<input type="checkbox"/>	I am sentenced to imprisonment (however described) in a place outside Hong Kong, whether or not the sentence is suspended.	
<input type="checkbox"/>	My professional or academic qualification being revoked (whether or not relating to healthcare or social work) [Only applicable to registered home manager/home manager (provisional)].	[Please fill in part (4)]

(2) Details of Prosecution (please attach photocopies of the supporting documents, if any)

Date of hearing	/ / (dd/mm/yyyy)
Offence involved	
Place of prosecuting authority	<input type="checkbox"/> in Hong Kong <input type="checkbox"/> in a place outside Hong Kong (please specify: )
Prosecuting authority	

(Please use a separate sheet of paper if the space above is not sufficient)

( ) sheet of paper attached

<sup>1</sup> In accordance with section 14A of the Criminal Procedure Ordinance (Cap. 221), the offence is an indictable offence if the words “upon indictment” or “on indictment” appear in the related provision.

## (3) Details of Conviction (please attach photocopies of the supporting documents, if any)

Date of conviction	/ / (dd/mm/yyyy)
Offence committed	
Place of the court	<input type="checkbox"/> in Hong Kong <input type="checkbox"/> in a place outside Hong Kong (please specify: )
Court that tried the offence	
Penalty imposed	

(Please use a separate sheet of paper if the space above is not sufficient)

( ) sheet of paper attached

## (4) Details of revocation of the professional or academic qualification [Only applicable to home manager/home manager (provisional)] (please attach photocopies of the supporting documents, if any)

Professional or academic qualification revoked	<input type="checkbox"/> Professional qualification <input type="checkbox"/> Academic qualification
Relevant professional or academic qualification	
Date of revocation	/ / (dd/mm/yyyy)
Organisation that revoked the professional or academic qualification	
Reason for the revocation	

(Please use a separate sheet of paper if the space above is not sufficient)

( ) sheet of paper attached

Signature:

Date:

(dd/mm/yyyy)

## Personal Information Collection Statement

**Please read this notice before you provide any personal data<sup>2</sup> to the SWD.**

### Purposes of Collection

1. The personal data supplied by you will be used by the SWD to process the matters in relation to your application for registration as a registered home manager/registered home manager (provisional)/registered health worker in residential care homes for the elderly or persons with disabilities, including (but not limited to) monitoring and reviewing the registration procedures, handling complaints related to the services provided to you, conducting research and surveys, preparing statistics, discharging statutory duties, etc. The provision of personal data to the SWD is voluntary. However, if you fail to provide the personal data requested of you, we may not be able to process your application.

### Classes of Transferees

2. The personal data you provide will be made available to persons working in the SWD on a need-to-know basis. Apart from this, they may be disclosed to the parties or in the circumstances listed below for the purposes mentioned in paragraph 1 above –
  - (a) other parties such as government bureaux / departments / training institutes, if they are involved in –
    - (i) processing and/or assessing any application from you for the provision of service to you by the SWD;
    - (ii) monitoring and reviewing of the services provided by the SWD or preparing statistics;
  - (b) complaint handling authorities such as the Office of The Ombudsman, the Office of the Privacy Commissioner for Personal Data, the Social Workers Registration Board, the Legislative Council, etc. if they are handling complaints about the services provided to you by the SWD;
  - (c) where such disclosure is authorised or required by law; or
  - (d) 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 and Regulation) 2  
 Office : Development Section, Licensing and Regulation Branch,  
 Social Welfare Department  
 Address : 5/F, THE HUB, 23 Yip Kan Street, Wong Chuk Hang, Hong Kong  
 Email : eoilr2@swd.gov.hk

<sup>2</sup> Under 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.