

**Scheduled Nursing Home under the exemption of
Private Healthcare Facilities Ordinance (Cap.633)**

Application for Change in Services

1 Name of institution

2 Name of proposed service

3 Proposed location

4 Scope and scale of the proposed service, e.g. bed number, operating hour etc.

(please use supplementary sheet if more space is needed)

5 Staffing for the proposed service

Nursing (Existing)		Nursing (Proposed)		Medical/Physiotherapy/ /Occupational therapy/ Healthcare worker/ Others	
Rank	Number	Rank	Number	Rank	Number

6 Person-in-charge of the proposed service

(Name in block letters)

(in Chinese)

(Position)

(Fax)

(Telephone)

(E-mail)

Qualifications

Relevant training – name of course, training institution and when

Refresher courses attended in **recent two years** – name of course, training institution and when

- 7 Are the nursing/allied health staff specially trained in this service? ☐ Yes ☐ No ☐ NA

If yes, how many of them have received training?

8 Unit practice

- | | | |
|-----|--|-----------------|
| 8.1 | Checking of emergency trolley | Once every ____ |
| 8.2 | Checking of defibrillator | Once every ____ |
| 8.3 | Checking of drug stock and expiry date | Once every ____ |
| 8.4 | Checking of dangerous drugs | Once every ____ |
| 8.5 | Checking of sterilized items | Once every ____ |
| 8.6 | Checking of single use items | Once every ____ |
| 8.7 | Checking of unit stock | Once every ____ |

9 List of critical or major equipment to support the proposed service

Type of major equipment	Quantity of equipment BEFORE change in service	Quantity of equipment AFTER change in service	Schedule of maintenance as per the manufacturer's recommendation	Date of last serviced	Date of next serviced

10 Expected date of commencement of service: _____

11 Have all systems, facilities and installations (e.g. lighting, HVAC, fire services, gas, water, pumping & drainage, etc.) in the premises complied with relevant statutory requirements and regulations. ☐ Yes ☐ No

12 List of drills (nature, date and number of participants) done in past 12 months and supporting document(s)¹ attached:

13 Details of applicant

Signature of Authorised Representative

Chop of Operator

Name of Authorised Representative
(Block capitals)

Name of Operator

Post Title

Date

Telephone

Email

¹ Regarding the required supporting documents, please refer to the "Notes for application of changes in management and/or services of scheduled nursing homes".

收集個人資料聲明 Personal Information Collection Statement

收集資料的目的

1. 衛生署在處理你根據《條例》提出申請的過程中，向你收集個人資料。你所提供的資料，除用作處理你的申請外，也會由衛生署用作以下用途：
 - a. 執行《條例》；
 - b. 根據《條例》第 107 條設立和備存登記冊供公眾查閱；
 - c. 為執行《條例》而作出不會顯示任何個人資料的統計；及
 - d. 方便本署及其他政府決策局／部門與你聯絡。
2. 如你未能提供所需的資料，或所填寫的資料未能清楚顯示有關私營醫療機構符合相關申請的資格，衛生署可能無法處理有關申請。

接受轉介人的類別

3. 你所提供的個人資料，主要由本署內部使用，但亦可能於有需要時，按以上第 1 項所列形式及目的向其他政府決策局／部門或有關人士披露。

查閱個人資料

4. 根據《個人資料(私隱)條例》(第 486 章)第 18 條及 22 條以及附表 1 第 6 原則所述，你有權查閱及修正個人資料，包括有權取得你於以上第 1 項所述情況下所提供的個人資料的副本。本署應查閱資料要求而提供資料時，可能會徵收費用。

查詢

5. 有關所提供個人資料（包括查閱及/或修正資料）的查詢，應送交：

香港太古城太古灣道 14 號
4 樓 402 室
衛生署私營醫療機構規管辦公室
高級行政主任（私營醫療機構）
(電話查詢：3107 8451)

Purpose of Collection

1. The Department of Health (DH) collects personal data during the course of processing your application made under the Ordinance. The personal data provided will also be used by DH for the following purposes:-
 - a. facilitating the implementation of the Ordinance;
 - b. establishing and maintaining a register under section 107 of the Ordinance for public inspection;
 - c. preparing statistics for the purpose of implementing the Ordinance without showing any personal data; and
 - d. facilitating communication among DH, other government bureau/departments and yourself.
2. If you fail to provide the required information or the submitted information fails to clearly indicate that the private healthcare facility fulfils the requirements for the application concerned, DH may be unable to process the application.

Classes of Transferees

3. The personal data you provided are mainly for use within DH but they may also be disclosed to other Government bureaux/departments or relevant parties in the form and for the purposes mentioned in item 1 above, if required.

Access to Personal Data

4. You have the right of access and correction with respect to your personal data as provided for in Sections 18 and 22 of and Principle 6 of Schedule 1 to the Personal Data (Privacy) Ordinance (Cap. 486). Your right of access includes the right to obtain a copy of your personal data provided under item 1. A fee may be imposed for complying with such a data access request.

Enquiries

5. Enquiries concerning personal data provided, including the making of a request for access to and/or corrections of the personal data, should be addressed to:

Senior Executive Officer (Private Healthcare Facilities)
Office for Regulation of Private Healthcare Facilities
Department of Health
Room 402, 4/F, 14 Taikoo Wan Road
Taikoo Shing, Hong Kong
(Enquiry Telephone Number : 3107 8451)

提交申請表及一般查詢 Submission of Application Form and General Enquiries

申請表應提交至：

香港灣仔愛群道 32 號
愛群商業大廈 6 樓
衛生署私營醫療機構規管辦公室
牌照科

一般查詢，可用以下方式與本辦公室聯絡：

電話： 3107 8451
傳真： 2126 7515
電郵： orphf@dh.gov.hk
網址： www.orphf.gov.hk

Application form should be submitted to:

Licensing Division
Office for Regulation of Private Healthcare Facilities
Department of Health
6/F, Guardian House
32 Oi Kwan Road
Wan Chai, Hong Kong

For general enquiries, please contact us at:

Tel: 3107 8451
Fax: 2126 7515
eMail: orphf@dh.gov.hk
Website: www.orphf.gov.hk