

Applicant's
Photo



CA/LM/001/01

RESIDENCE LICENCE APPLICATION FORM

(PLEASE USE BLOCK LETTERS)

Please use additional sheets provided if necessary

APPLICANT INFORMATION

Applicant Name (as will appear on Residence Licence):		
<input type="checkbox"/> Existing Community Residence	<input type="checkbox"/> New Community Residence	Date of Registration/Incorporation:
Phone:	Email address:	
Address:		

GENERAL INFORMATION

Name of community residence (if different from above):		
Contact person:	Position/Title:	Phone:
Have you previously applied for a residence licence? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please indicate interest in property: <input type="checkbox"/> Own <input type="checkbox"/> Rented <input type="checkbox"/> Other (please state) _____
If yes, please state:		
a. Date of previous application: _____ (dd/mmm/yyyy)		
b. Was the application successful? <input type="checkbox"/> Yes <input type="checkbox"/> No		
c. If no, please state reason for application denial: _____		
d. Name and address of previously licensed residence: _____ _____		
e. Period for which licence was granted: _____		
Please state the reasons for wishing to operate a community residence (describe the need that the community residence is seeking to meet): _____ _____ _____ _____ _____ _____		
Please provide a list with full contact information for all partners, board members, and managerial staff (if applicable): (please complete attached form CA/LM/002/01) _____ _____ _____		

STAFF INFORMATION

Name of Manager (of the residence to be licensed):	Phone (Home)	(Mobile)	(Work)
Name, duties and qualifications of Manager and staff: (please complete attached form CA/LM/003/01)			Total number of staff:

ACCOMMODATION AND AMENITIES FOR RESIDENTS

Overall capacity of the community residence:	Capacity for males:	Capacity for females:
Current number of residents: Males: Females:	Age range for males:	Age range for females:
Name and address of school(s) where residents are enrolled: <i>(please complete attached form CA/LM/004/01)</i>		
Please indicate arrangement for medical care: <i>(please complete attached form CA/LM/005/01)</i>		

SPECIAL NEEDS

Is the residence able to accommodate residents with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please indicate which categories of disabilities that the residence can accommodate: <input type="checkbox"/> Physical <input type="checkbox"/> Mental <input type="checkbox"/> Other (please state)				
Number of residents with disabilities:	Males:	Females:	Age range for males:	Age range for females:
Are staff trained to care for children with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No				

PREMISES AND SAFETY

Type of building: <input type="checkbox"/> Single level <input type="checkbox"/> Multiple buildings <input type="checkbox"/> Other (please state)
Estimated square footage:

FINANCIAL INFORMATION

<p>Please indicate amounts and sources of funds received (per year):</p> <table border="0"> <thead> <tr> <th style="text-align: left;">SOURCE</th> <th style="text-align: left;">AMOUNT (\$)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Government _____</td> <td>_____</td> </tr> <tr> <td> Please specify: _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Private/Donors _____</td> <td>_____</td> </tr> <tr> <td> Please specify: _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Fundraiser/Self _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td>_____</td> </tr> </tbody> </table>	SOURCE	AMOUNT (\$)	<input type="checkbox"/> Government _____	_____	Please specify: _____	_____	<input type="checkbox"/> Private/Donors _____	_____	Please specify: _____	_____	<input type="checkbox"/> Fundraiser/Self _____	_____	<input type="checkbox"/> Other _____	_____	<p>Do you have audited financial statements? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state the last year audited: _____</p>
	SOURCE	AMOUNT (\$)													
	<input type="checkbox"/> Government _____	_____													
	Please specify: _____	_____													
	<input type="checkbox"/> Private/Donors _____	_____													
Please specify: _____	_____														
<input type="checkbox"/> Fundraiser/Self _____	_____														
<input type="checkbox"/> Other _____	_____														
	<p>Do you have an external accountant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
	<p>Do you have an in-house treasurer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
	<p>Please indicate the type of recording system utilised: <input type="checkbox"/> Manual <input type="checkbox"/> Automated</p>														
	<p>Are records kept at the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please state where (address): _____</p> <p>_____</p>														

CERTIFICATES OF APPROVAL

Certificate of Approval obtained from Fire Service: <input type="checkbox"/> Yes <input type="checkbox"/> No Date issued _____
Certificate of Approval obtained from Public Health: <input type="checkbox"/> Yes <input type="checkbox"/> No Date issued _____ Expiry date: _____

CERTIFICATION OF APPLICANT

<p><i>I certify that the statements made above are to the best of my knowledge true, accurate and complete. I understand that the wilful provision of false information to the Authority is an offence and can be liable on summary conviction to a fine of ten thousand dollars.</i></p>		
<p>_____</p> <p>Signature of Applicant</p>	<p>_____</p> <p>Date (dd/mmm/yyyy)</p>	<p style="text-align: center;">Company/entity stamp</p>

Additional Sheets (please use if necessary)

A large, empty rectangular box with a thin black border, intended for additional sheets or notes.

Additional Sheets (please use if necessary)

A large, empty rectangular box with a thin black border, intended for additional sheets or notes.



CA/LM/002/01

List with full contact information of partners, board members and managerial staff

#	First Name	Last Name	Official Designation	Phone	E-mail address
1					
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CA/LM/002/02

#	First Name	Last Name	Official Designation	Phone	E-mail address
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CA/LM/004/01

Name and address of school(s) where children are enrolled

#	Name of Child	Name of School	Address of School	Date of Enrollment
1				
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APPLICATION REVIEW CHECKLIST

THIS SECTION MUST BE COMPLETED BY THE APPLICANT.

- Please indicate the documents that have been submitted along with the application for licencing by ticking (✓) the relevant boxes below.
- A checklist must be completed and attached to each application, and must be placed in individual folders.
- Please note that owners/operators of more than one community residence must apply for a residence licence for each facility. A checklist must be completed for each application form.

Please ensure that the following forms are completed:

- CA/LM/001/01 - Residence Licence Application Form
- CA/LM/002/01 - List with full contact information of partners, board members and managerial staff
- CA/LM/003/01 - Name, duties and qualifications of Manager and staff
- CA/LM/004/01 - Name and address of school(s) where residents are enrolled
- CA/LM/005/01 - Medical Details Form

The following documents are to be included with the completed application form:

Applicant that is an Individual

passport sized photograph of the applicant

- A police certificate of character (issued within six months before the date of this application)

Applicant that is a company

- A certified copy of its incorporation documents and Bye-laws
- A list of the Directors and the address of the registered office of the company
- A copy of the last annual return and any notices of change filed after that return
- Proof that the application has been duly authorized by the company
- A copy of the last audited financial statements or management accounts

Applicant that is an unincorporated entity

- A certified copy of the constituent documents and rules of the entity
- Proof that the application has been duly authorized by the entity in accordance with the rules of the entity
- A list with full contact information of all partners, board members and managerial staff, where applicable

Additional information to accompany application:

Manager

- Evidence of a combination of qualifications or training and experience
 - The Manager has at least 2 years at a senior level in a child care residential setting
 - The Manager has certificates in:
 - management;
 - social work;
 - child care (training in child care shall include first-aid, Cardio Pulmonary Resuscitation (CPR), and food and nutrition);
 - business administration
- One passport-size photograph of the manager of the community residence
- Two written references including contact information
- A police certificate of character issued within three months before the date of the application
- A statement signed by a medical practitioner that the applicant is in good physical and mental health
- A statement signed by a psychiatrist that the Manager is in good mental health

Each Employee

- A police certificate of character issued within three months before the date of the application
- A job description
- A copy of the contract of employment or conditions of service
- A copy of a valid food badge issued to the employee (where the employee's functions involve the handling or preparation of food for consumption)
- A statement signed by a medical practitioner that the employee is in good physical health

A Business

- Detailed written statement specifying the following:
 - The nature of service to be provided
 - The planned programmes and activities of the community residence
 - The sex, age group, levels of development and special needs of the children to be accommodated at the community residence
 - The organisational structure and facilities
 - The code of conduct for the management of the community residence
 - The policies, procedures and rules for the management and discipline of the children to be implemented at the community residence, including a behaviour management policy
 - Staff composition (the number of staff; the job titles of staff; the ratio of child care staff to children; the training and work experience of each member of staff)
 - The annual budget and source of funding

Certificates of Approval

- A certificate of approval from a senior officer of the Fire Services Division of the district in which the community residence is located, stating that the premises have been inspected and are in compliance with the requirements of the Fire Services Division
- A certificate of approval from a senior officer of the Public Health Department of the Ministry of Health or of the relevant Municipal Corporation, stating that the premises have been inspected and are in compliance with the provisions of the Public Health Ordinance.