

The Hong Kong Council of Social Service  
Listing on Social Enterprise Directory  
Application Form

The Hong Kong Council of Social Service updates Social Enterprise Directory (SE Directory) annually. The Directory lists out the information of social enterprises in Hong Kong for public access.

For any organization / company who would like be included in SE Directory or update their social enterprise information, please complete the form and attach it by e-mail ([stake.engage@hkcss.org.hk](mailto:stake.engage@hkcss.org.hk)). Approved information will be uploaded onto the database of SE Directory online search engine.

### Eligibility

#### 1. Mode of organization

To be eligible, the applicants should be registered in Hong Kong in the following modes:<sup>1</sup>

- Society registered under Societies Ordinance (Cap. 151)
- Co-operative Society registered under Co-operative Societies Ordinance (Cap. 33)
- Company (private or public) limited by guarantee registered under the Companies Ordinance (Cap. 32)
- Unlimited Company registered under the Companies Ordinance (Cap. 32)
- Company (private or public) limited by shares<sup>2</sup> registered under the Companies Ordinance (Cap. 32)
- Charitable institutions and trust of a public character, which are exempted from tax registered under s. 88 of the Inland Revenue Ordinance (Cap. 112)

#### 2. Social Objectives

To be eligible, the applicants should fulfill at least one of the following social missions:

- Work Integrated Social Enterprise – Job creation
- Advocate fair trading
- Promote sustainable development
- Poverty alleviation
- Promote social inclusion
- Support and empower disadvantaged and marginalized groups
- Serve unmet social needs
- Other social missions (Please specify)

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<sup>1</sup> Applicant is required to provide business & company registration document(s)

<sup>2</sup> Applicant is required to disclose the profit distribution information, and provide proofing document(s) on its asset lock measurement. Otherwise, applicant is required to download and sign the declaration statement.

**Part 1: Social Enterprise Basic Information:**

Name of Social Enterprise / Brand	(Chi) : (Eng) :
Name of the Organization / Company	(Chi) : (Eng) :
Business Address	(Chi) : (Eng) :
Telephone Number	
Fax Number	
E-mail	
Official Website	
Selling Platform	
Establishment Year of the Social Enterprise / Brand	
Is the organization or social enterprise registered as a charitable organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Any charitable institution or trust of a public character, which is exempt from tax under section 88 of the Inland Revenue Ordinance)
Company Registration (Can choose more than one option)	<input type="checkbox"/> Society registered under Societies Ordinance (Cap. 151) <input type="checkbox"/> Co-operative Society registered under the Co-operative Societies Ordinance (Cap. 33) <input type="checkbox"/> Company (private or public) limited by guarantee registered under the Companies Ordinance (Cap. 32) <input type="checkbox"/> Unlimited Company registered under the Companies Ordinance (Cap. 32) <input type="checkbox"/> Company (private or public) limited by shares <sup>1</sup> registered under the Companies Ordinance (Cap. 32) <input type="checkbox"/> Charitable institutions and trust of a public character, which are exempted from tax registered under s. 88 of the Inland Revenue Ordinance (Cap. 112) <input type="checkbox"/> Others (Please specify: _____)
Funding Source (Can choose more than one option)	<input type="checkbox"/> "Enhancing Employment of People with Disabilities Through Small Enterprise" Project <input type="checkbox"/> The Enhancing Self-Reliance Through District Partnership Programm <input type="checkbox"/> Community Investment and Inclusion Fund <input type="checkbox"/> Social Innovation and Entrepreneurship Development Fund <input type="checkbox"/> Funded by mother organization

<sup>1</sup> Applicant is required to disclose the profit distribution information, and provide proofing document(s) on its asset lock measurement. Otherwise, applicant is required to download and sign the declaration statement.

	<input type="checkbox"/> Asset injection from business field <input type="checkbox"/> Others (Please specify: _____)	
Social Targets (Can choose more than one choice)	<input type="checkbox"/> Work Integrated Social Enterprise – Job creation <input type="checkbox"/> Poverty Alleviation <input type="checkbox"/> Advocate fair trading <input type="checkbox"/> Promote sustainable development <input type="checkbox"/> Promote social inclusion <input type="checkbox"/> Support and empower disadvantaged and marginalized groups <input type="checkbox"/> Serve unmet social needs <input type="checkbox"/> Others (Please specify: _____)	
Nature of business or service (Can choose more than one choice)	<b>Art and Culture</b>	
	<input type="checkbox"/> Design and Production	<input type="checkbox"/> Entertainment and Performance
	<input type="checkbox"/> Event Management	
	<input type="checkbox"/> Others (Please specify) _____	
	<b>Care Service</b>	
	<input type="checkbox"/> Elderly Care	<input type="checkbox"/> Nursing Service
	<input type="checkbox"/> Patient Escort Service	<input type="checkbox"/> Post-natal Care
	<input type="checkbox"/> Others (Please specify) _____	
	<b>Corporate Service and Business Support</b>	
	<input type="checkbox"/> Administrative and Clerical Support	<input type="checkbox"/> Information Technology Support
	<input type="checkbox"/> Job Matching and Vocational Training	<input type="checkbox"/> Laundry
	<input type="checkbox"/> Logistics	<input type="checkbox"/> Marketing Solution
	<input type="checkbox"/> Market Research	<input type="checkbox"/> Office & Building Cleaning
	<input type="checkbox"/> Translation Service	<input type="checkbox"/> Webpage and Mobile Application
	<b>Eco Living</b>	
	<input type="checkbox"/> Eco Workshop	<input type="checkbox"/> Foodwaste Management
	<input type="checkbox"/> Green Product	<input type="checkbox"/> Organic Farm
	<input type="checkbox"/> Recycling & Upcycling	
	<input type="checkbox"/> Others (Please specify) _____	
	<b>Education and Training</b>	
<input type="checkbox"/> Public Education	<input type="checkbox"/> Vocational Training	

<input type="checkbox"/> Others (Please specify) _____	
<b>Food and Beverage</b>	
<input type="checkbox"/> Catering Service	<input type="checkbox"/> Kiosk
<input type="checkbox"/> Healthy and Organic Food	<input type="checkbox"/> Restaurant
<b>Health Care and Fitness</b>	
<input type="checkbox"/> Elderly Product	<input type="checkbox"/> Fitness and Health
<input type="checkbox"/> Massage, Treatment and Acupuncture	<input type="checkbox"/> Mental Healthiness
<input type="checkbox"/> Medical Service	<input type="checkbox"/> Palliative Care and Bereavement Services
<input type="checkbox"/> Rehabilitation Product and Service	
<input type="checkbox"/> Other (Please specify) _____	
<b>Home</b>	
<input type="checkbox"/> Domestic Cleaning	<input type="checkbox"/> Interior Design
<input type="checkbox"/> Renovation and Maintenance	
<input type="checkbox"/> Others (Please specify) _____	
<b>Lifestyle</b>	
<input type="checkbox"/> Clothing and Accessories	<input type="checkbox"/> Convenience Store and Retail Store
<input type="checkbox"/> Handicraft	<input type="checkbox"/> Lifestyle Product
<input type="checkbox"/> Travel and Guided Tour	
<input type="checkbox"/> Others (Please specify) _____	
<b>Personal Care</b>	
<input type="checkbox"/> Hair Styling	<input type="checkbox"/> Make Up and Beauty
<b>Transportation</b>	
<input type="checkbox"/> Auto Cleaning and Beauty	<input type="checkbox"/> Moving and Relocation Service
<input type="checkbox"/> Transportation Service	
<input type="checkbox"/> Others (Please specify) _____	



**Part 2: Social Impact of the Social Enterprise**

Number of Employees	
Number of disadvantaged employees	(    ) % of total no. of staff
Number of disadvantaged staff in each category (Can choose more than one option)	<input type="checkbox"/> Disabled staff <input type="checkbox"/> Visually impaired or hearing impaired <input type="checkbox"/> Unemployed or low income groups <input type="checkbox"/> Early retired people with low education levels and skills <input type="checkbox"/> Elderly or retired community <input type="checkbox"/> Teenagers with low education levels and skills <input type="checkbox"/> New Arrivals <input type="checkbox"/> Ethnic minority groups <input type="checkbox"/> Ex-offenders <input type="checkbox"/> Others (Please specify: _____)
Average Salary of disadvantaged staff (Hourly Rate)	\$ _____ / hour
Average Training Hours of disadvantaged staff	_____ / hour average per staff
Type of training offered to disadvantaged staff	<input type="checkbox"/> Administration <input type="checkbox"/> Customer service <input type="checkbox"/> Marketing skills <input type="checkbox"/> IT <input type="checkbox"/> Vocational training <input type="checkbox"/> Communication skills <input type="checkbox"/> Others: _____
Re-employment Status of the disadvantaged staff	No. of Disadvantaged Staff that has being re-employed in the market  _____
No. of Volunteers in the SE	

**Part 3: Needs of Social Enterprise**

Common operational obstacles encountered by your social enterprise (can choose up to 3 options)	<input type="checkbox"/> High rental cost <input type="checkbox"/> Lack of managerial staff <input type="checkbox"/> High production cost <input type="checkbox"/> Difficulty in managing disadvantaged staff <input type="checkbox"/> Small niche market <input type="checkbox"/> Low public awareness <input type="checkbox"/> Lack of financing channels <input type="checkbox"/> Others (Please specify: _____)
Measures that can assist your operation (can choose up to 3 options)	<input type="checkbox"/> Establish a clear definition for social enterprises <input type="checkbox"/> A social enterprise certification system <input type="checkbox"/> Increase financing channels <input type="checkbox"/> Provide more training opportunities for SE staff <input type="checkbox"/> Organizations and corporation adopt 'responsible procurement' policy <input type="checkbox"/> Enhance public education <input type="checkbox"/> Others(Please specify: _____)

**Part 4: Operation Status of the Social Enterprise**

Total Sales Turnover of Last Year	\$ _____	
Profit / Deficit of Last Year	Profit \$ _____ Deficit \$ _____	
Distribution of Expenditure (With reference to Last Year's Operation)	Rent _____% Salary _____% Cost _____% Utility Expenses & Ratings _____% Promotion and Marketing Costs _____% Others (Please Specify: _____) _____%	
Distribution of Income (With reference to last year's operation)	Sales income from product and service _____% Subsidy from the government or affiliated organizations _____% Donations _____% Others (Please Specify: e.g. Investment _____) _____%	
Distribution of Profit (With reference to last year's operation)	Dividend or profit sharing for shareholders and staff _____% Re-investment _____% Support affiliated organization _____% Invest in other social enterprises _____% Others (Please specify: _____) _____%	

**Part 5: General Information about the Social Enterprise**

Contact Person	
Telephone:	
Fax:	
Email:	
Postal Address:	

Remarks

- Once the application has been approved, information in part 1 and 5 will be uploaded onto the database of SE Directory online search engine. Other information in parts 2, 3 and 4 will be used solely for analysis in the Hong Kong Social Enterprise Landscape Study; the financial information and social benefits of individual social enterprises will not be disclosed.
- It is the responsibility of the applicants to provide information fully, truthfully and accurately to The Hong Kong Council of Social Service (HKCSS) in relation to this application and attach all supporting documents as required. Inaccurate and incomplete information may affect the consideration and processing of the applications. Any misrepresentation, willful concealment or omission of information will be considered falsification, which will form grounds for denial of your application and possible legal proceedings against the entity.
- HKCSS reserves the absolute right at all times to decline the application or require the applicant to submit additional documentary proof to substantiate its application, if necessary.

Signature	Stamp of the Org. / Co.
Title	
Date	
<p><b><u>For official use only</u></b></p> <p>Signature by Unit in-charge</p> <p>_____</p> <p>Date: _____</p>	<p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved, with supplementary information</p> <p><input type="checkbox"/> Declined</p> <p>[Reason(s): _____]</p>