**ASSOCIATED MEMBER APPLICATION FORM**

|  |  |
| --- | --- |
|  | The Hong Kong College of Nursing & Health Care Management |

1. **Personal Particulars**

**\*Please type or complete the form in BLOCK LETTERS and circle as appropriate**

Title: \*Ms. /Mr. /Mrs. /Dr. /Prof. Surname: Given Name:

Name in Chinese: Sex: \* F / M

Job Title:

Working Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HKID No.:  **XXX (X)**

(Please enter the first 4 alpha-numeric characters e.g. AA-123 XXX(X))

Correspondence Address:

Contact: Mobile Phone No.: Office Tel. No.:

Email Address:

Registration No. of Registered Nurse Issued by HK Nursing Council

Registration No. of Registered Midwife by Midwife Council of HK

Expiry Date of Practicing Certificate (RN): (DD/MM/YY)

1. **Academic and Professional Qualifications (In descending chronological order)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Course / Program Title** | **Training institution / Country** | **Qualification / Year**  **Date obtained: Month-Year** |
| A. Nursing Related Academic & Professional Qualification | 1. |  |  |
| 2. |  |  |
| 3. |  |  |
|  | **Course / Program Title** | **Training institution / Country** | **Qualification / Year**  **Date obtained – Month-Year** |
| B. Related Specialty Training | 1. |  |  |
| 2. |  |  |
| 3. |  |  |

1. **Post-Registration Working Experience in Nursing Relevant to Application**

**(The following entries should be written in chronological order)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Specialty / Department** | **Working Institution / Hospital** | **Period** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

Remark: All specialty experiences in clinical, management, teaching or research nursing would be

considered.

1. **Supportive Documents**

I enclosed **ALL** of the following documents to support my application:

□ (1) Certified copy of valid Registered Nurse Registration Certificate (certify true copy by your supervisor)

□ (2) Certified copy of valid Registered Nurse Practicing Certificate (certify true copy by your supervisor)

□ (3) Certified copy of the certificate of the highest academic qualification

□ (4) Certified copy of specialty nursing related certificate(s) (certify true copy by your supervisor)

□ (5) curriculum vitae

□ (6) Others:

1. **The applicant should be nominated by an eligible referee:**

**Referee (Professionally Affiliated)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone number: Fellowship:

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VI**. **DECLARATION**

1. I hereby declare that I agree to provide the above information to The Hong Kong Academy of Nursing & Midwifery Limited and the information provided in support of this application is accurate to this date.

2. I understand that the information provided herewith will be forwarded to the Hong Kong Academy of Nursing & Midwifery Limited for processing my fellow membership application.

3. I understand that it is my responsibility to inform the College for any change in the above information, such as place of work, correspondence address and additional related qualification(s), etc. The College will not have to be responsible any issues arise as a result of my failure to inform.

4. I have\*/ have not\* been convicted of a criminal offence punishable with imprisonment (irrespective of whether actually sentenced to imprisonment) in Hong Kong or elsewhere.

5. I am\*/am not\* currently the subject of any on-going criminal proceeding(s) in Hong Kong or elsewhere.

6. I have\*/have never\* been found guilty of professional misconduct by any professional body in Hong Kong or elsewhere

7. I am\*/am not\* currently the subject of any on-going disciplinary proceeding(s) by any professional body in Hong Kong or elsewhere.

Signature of Applicant Date

1. **The annual subscription fee is HK$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I enclose herewith a crossed cheque for HK$\_\_\_\_\_\_\_\_\_\_\_ with cheque no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank to be payable to Hong Kong College of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nursing Limited as the annual membership fee will be till 31 March.

Note: Please mail this application form and the supportive documents together with the

crossed cheque to:

Administrative Office, Hong Kong College of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nursing Limited

Address: Unit 4-5, 6/F, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon, HKSAR.

1. **FOR OFFICE USE**

Received by Administration Committee on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name in Block Letter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| By Accreditation Panel: Approved Rejected, reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Panel Chairman: Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Block Letters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_   1. Panel Member: Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Block Letters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Hong Kong College of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nursing**

**Guideline for the Use of Personal Data**

Comply with the requirements of the Personal Data (Privacy) Ordinance to ensure that personal data kept are accurate and securely kept. To ensure you are well informed of the personal data as collected, please read through this guide.

Purpose of collection and guideline for use of personal data

1. The HK\_\_\_\_\_ will use personal data collected from a data subject for the purposes for which it is collected.
2. To provide personal data to the HK\_\_\_\_\_ is on a voluntary basis. However, if you do not provide sufficient personal data, we may not be able to process your application or provide service to you.
3. The HK\_\_\_\_\_ may use your personal data in future (name, telephone number, email, mailing address) for the purposes of providing you with information of the College, handling application, issuing receipt, research, fundraising appeal, collecting feedbacks, as well as activities invitation and related promotion purposes.

Access to and updating personal data, request for cessation of using personal data for promotion purposes

Apart from the exemptions provided under the Personal Data (Privacy) Ordinance, you are entitled to access and update your personal data held by the Hong Kong College of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nursing, and request us to cease to use your personal data for promotion purposes.

If you object the HK\_\_\_\_\_\_\_ to use your personal data for the purposes as stated above, please contact us in written with your full name, telephone number as well as date by mail / email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. No charge will be applied.