|  |  |
| --- | --- |
|  | **APPLICATION FOR ASSOCIATE MEMBERSHIP** |

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: |  |
| Organisation: |  |
| HKID No.: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | ( ) |

 | First 4 digits of your HKID No. |
| Correspondence Address:Address AddressESSAddress:  |  |
|  |  |
| Contact: | Mobile Phone No.: |  | Office: Tel. No.: |  |
|  | Email Address:  |  |
| Expiry Date of Practising Certificate:  |  | (DD/MM/YY) |
| Registration No. of Registered Nurse\* / Midwives\* Certificate Issued by Nursing / Midwives Council of Hong Kong: RN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Academic and Professional Qualifications**

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Course / Programme Title  | Training Institution / country  | Qualification Obtained / Year  |
| 1. Nursing Related Academic & Professional Qualifications
 | 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| B. Related Specialty Training  | 1. |  |  |
| 2. |  |  |
| 3. |  |  |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Specialty / Department** | **Working Institution / Hospital** | **Month / Year** |
| 1. |  |  |  |
| 2.  |  |  |  |
| 3.  |  |  |  |
| 4.  |  |  |  |
| 5.  |  |  |  |

**SUPPORTIVE DOCUMENTS (Mandatory)**

***\* Delete as appropriate***

I enclose the following documents to support my application:

|  |  |  |
| --- | --- | --- |
| *
 | (1) | certified true copy of a valid RN\* / RM\* Registration certificate |
|  | (2) | certified true copy of a valid RN\* / RM\* practicing certificate |
|  | (3) | certified true copy of the certificate of the highest academic qualification |
|  | (4) | certified true copy or copies of specialty nursing related certificate(s) |
|  | (5) | copy of curriculum vitae |
|  | (6) | others:  |  |

**DECLARATION**

***\* Delete as appropriate***

1. I hereby declare that I agree to provide the above information to HK College of Nursing and Health Care Management 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 for processing my membership certification examination application.
3. I hereby declare that:

3.1 I \*have / have never been convicted of a criminal offence punishable with imprisonment (irrespective of whether actually sentenced to imprisonment) in Hong Kong or elsewhere.

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

1. 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 for any issues arise as a result of my failure to inform.

Signature of Applicant Date

***You are eligible to apply for 'Ordinary Membership' after demonstrating satisfactory performance in the admission interview conducted by HK College of Nursing and Health Care Management.***

**Referee**

**Referee 1 (Professionally Affiliated)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Hospital / Institution:** |  |
| **Contact phone no.:** |  | **Fellowship No:** |  |
| **Email Address:** |   |  |  |

**Referee 2 (Professionally Affiliated)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Hospital / Institution:** |  |
| **Contact phone no.:** |  | **Fellowship No:** |  |
| **Email Address:** |   |  |  |

|  |
| --- |
| I enclose herewith a crossed cheque for **HK$**\_\_\_\_\_\_\_\_\_\_ with cheque no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank, payable to **HK College of Nursing and Health Care Management Limited** as the as the annual membership fee will be till 31 March. |

Please mail this application form along with a crossed cheque for **HK$\_\_\_\_\_\_\_\_** and the supporting documents to **Administrative Office, HK College of Nursing and Health Care Management**

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

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Guideline for the Use of Personal Data**

HK College of Nursing and Health Care Management undertakes to comply with the requirements of the **Personal Data (Privacy) Ordinance** to ensure that personal data is accurate and securely kept. To ensure you are well informed of the personal data as collected, please read through this guideline.

**Purpose of collection and guideline for use of personal data**

1. HK College of Nursing and Health Care Management 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 College of Nursing and Health Care Management 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 a service to you.

3. HK College ofNursing and Health Care Management may use your personal data in future (name, telephone number, fax number, email, mailing addresses) for the purposes of providing you with information about the College, handling application, issuing receipt, research, fundraising appeal, collecting feedback, 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 HK College of Nursing and Health Care Management and request us to cease using your personal data for promotion purposes.
* If you object HK College ofNursing and Health Care Management to use your personal data for the purposes as stated above, please contact us in writing with **your full name**, **telephone number** as well as **date** by mail / fax / email. No charge will be applied.

**Name:** HK College of Nursing and Health Care Management Limited

**Address:** Room 4-5, 6/F, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon

**E mail:** admin@hkcnhcm.org