IMPORTANT NOTES TO APPLICANTS:

1. The application form should be typed or written in BLOCK LETTERS and circle \* as appropriate. Please use separate sheets for details if necessary. The College will not process any incomplete application.
2. All information given in this form will be used STRICTLY for application of Associate Member only and will be treated strictly confidential.
3. The College will acknowledge receipt of your application via e-mail so please make sure your internet email address is correct and clearly typed.
4. The College may contact you by phone for clarification of information provided or supplementary document if required.
5. For any enquiry for filling form, please contact College Administration Office at 5400 1680.
6. For enquiry, please send email to admin@hkcnhcm.org for further information.
7. For details of HKCNHCM, please visit the HKCNHCM website at http://www.hkcnhcm.org
8. **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 \* M / F | | |
| Job Title: |  | | | | | | | | | |
| Present Working Place (Department/ hospital)/Area: |  | | | | | | | | | |
| HK ID No.: |  | | | | (Please provide the first 4 alpha-numeric characters e.g. A123) | | | | | |
| Correspondence Address: |  | | | | | | | | | |
|  |  | | | | | | | | | |
| Contact: | Mobile Phone No.: | |  | | | | Office Tel. No.: | | |  |
|  | Personal Email Address: (Non-workplace) | | | | | |  | | | |
| Registration No. of Registered Nurse / Midwives Certificate Issued by the Nursing Council of Hong Kong: | | | | | | | | |  | |
| Registration Date of RN (DD/MM/YYYY): |  | | | Expiry Date of Practising Certificate (DD/MM/YYYY): | | | | |  | |
| Management Experience since (DD/MM/YYYY): | | | |  | | | | | | |
| ⬜ I agree to receive College latest information via email or WhatsApp at mobile phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| ⬜ Target to achieve Ordinary Membership in the year of \*2021/2022/2023 | | | | | | | | | | |
| ⬜ Target to achieve Fellow Membership in the year of \*2022/2023/2024 | | | | | | | | | | |
| ⬜ Join as Associate Member to stay in touch | | | | | | | | | | |

1. **Academic and Professional Qualifications  
   *(The following entries should be written in descending chronological order)***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Course / Program Title | Training Institution / Country | Qualification Obtained /Year |
| A. 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. |  |  |  |

**Referee**

(Recommended and supported by two active Fellow Members of HKCNHCM)

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: | |  | | |

**PAYMENT METHOD:**

1. Fee: $500 (from 1 April 2021 to 31 March 2022)
2. Debit to Bank of China (Hong Kong) account number 012-878-01009711, Account name : HK College of Nursing and Health Care Management Limited and have the receipt
3. Write your name on the receipt and send the image together with the application form to the admin@hkcnhcm.org

**SUPPORTIVE DOCUMENTS (Mandatory)**

I enclose the following documents to support my application **only**:

|  |  |
| --- | --- |
| ⬜ | (1) a completed application form, typed or clearly hand written; |
| ⬜ | (2) a payment receipt of associate membership application; |
| ⬜ | (3) a copy of Registered Nurse / Midwife certificate from Nursing Council of Hong Kong; |
| ⬜ | (4) a Copy of valid registered nurse / registered midwife practicing certificate; |
| ⬜ | (5) a Copy of applicant’s curriculum vitae; |
| ⬜ | (6) an evidence of 15 CNE points in previous year; |
| ⬜ | (7) Any other relevant supporting documents for the application. |

**DECLARATION**

1. I hereby declare that I agree to provide the above information to the Hong Kong 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 Ltd. for processing my membership certification examination application.
3. I hereby declare that:
   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.
   2. I \*have / have never been found guilty of professional misconduct by any professional body in Hong Kong or elsewhere.
4. 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 be responsible for any issues arise as a result of my failure to inform.

**HKCNHCM Guideline for Use of Personal Data**

The Hong Kong College of Nursing and Health Care Management (HKCNHCM) is committed to protect your privacy on our highest priority. Your personal information (including your name, mailing and/or email address, telephone number, etc.) will be used solely for the purpose of handling your applications, issuing receipts, communication, feedback collecting, health talk and relevant training activities information provided to you.

HKCNHCM will not, without your consent, provide your personal data to any third parties for purpose unrelated to the College and will not sell or transfer personal data to others.

⬜ I agree to the proposed use of my personal data for the above-mentioned promotion purpose.

Signature of Applicant Date