**RENEWAL APPLICATION FORM FOR**



 **FELLOW MEMBERSHIP**

|  |  |  |  |
| --- | --- | --- | --- |
| I,  |  | Fellow Diploma Number: |  |
| Fellow Member of the Hong Kong College of | Hong Kong College of Nursing & Health Care Management |
|  | am **applying** for renewal of Fellow Membership for the Year April 2022 to March 2023. |

Please update any change since last renewal in April 2021

|  |  |
| --- | --- |
| **My personal information** | **Remarks** |
| Present Rank  |  |  |
| Work place*(Hospital or institution name/ward)* |  |  |
| \*Update Nursing Practicing Certificate  | Registration Number : | Valid till ( ) |
| **Personal** e mail address*(Not work place one)* |  |  |
| Residential Address |  |  |
| Contact Telephone No. |  |  |
| Others: Please specify: |  |  |

*\*With supportive documents enclosed*

I hereby declare that the above information is accurate to this date and I agree to provide the above information to Hong Kong College of Nursing and Health Care Management (here below refer to the College) and the Hong Kong Academy of Nursing in support of this application. I understand that it is my responsibility to inform the College for any change of the submitted information. The College will not have to be responsible for any issues arise as a result of my failure to inform the College.

|  |  |
| --- | --- |
|  | am **NOT renewing** Fellow Membership for the Year April 2022 to March 2023. |

**Please be informed that the “Fellow Membership” status would be removed if an annual subscription is not received and the individual will not be allowed to use the designated title. The individual would need to re-apply after the removal of the Fellow status. It is subject to approval from HKAN and settlement of all the accumulated unpaid fellow membership fees**

I enclose herewith: (# delete as appropriate)

|  |  |
| --- | --- |
| 🗆 | a crossed cheque for #**HK$2,000 / HK$1,000** with cheque no. \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank to be payable to **HK College of Nursing and Health Care Management Limited** as the annual membership fee from 1 April 2022 to 31 March 2023. |
| 🗆 | a bank transfer receipt (reference no. \_\_\_\_\_\_\_\_\_\_\_\_\_ ) for #**HK$2,000 / HK$1,000** being debited to **HK College of Nursing and Health Care Management Limited [Bank of China (Hong Kong) - Bank A/C: 012-878-0-010971-1]** as the annual membership fee from 1 April 2022 to 31 March 2023. |
| 🗆 | a cash-in bank advice (reference no. \_\_\_\_\_\_\_\_\_\_\_\_\_ ) for #**HK$2,000 / HK$1,000** being debited to **HK College of Nursing and Health Care Management Limited [Bank of China (Hong Kong) - Bank A/C: 012-878-0-010971-1]** as the annual membership fee from 1 April 2022 to 31 March 2023. |

Note: Please mail (*with sufficient postage*) this renewal application form and the supportive documents together with the crossed cheque (**HK College of Nursing and Health Care Management Limited)** / a bank transfer receipt/ a cash-in bank advice to Address: Administrative Office, Hong Kong College of Nursing & Health Care Management Limited, LG1 School of Nursing, Princess Margaret Hospital, 232 Lai King Hill Road, Lai Chi Kok, Kowloon, Hong Kong.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

**FOR ACADEMY COLLEGE USE**

|  |
| --- |
| Endorsed by: |
|

|  |  |  |
| --- | --- | --- |
|  | Signature Block Letters Dr. POON Wai Kwong  | Date \_\_\_\_\_\_\_\_\_\_ |
|  | (President) |  |

 |

*\* Delete as appropriate*

***Note on Personal Data Protection:***

***Personal data collected in the form would be used for necessary administration and kept in complied with the requirements under the Personal Data (Privacy) Ordinance (Cap. 486).The collected personal data would not be transferred to any unrelated third parties without data subject’s prior consent.***