



Hong Kong College of Surgical Nursing
Application Form for Conversion of Fellow Membership
Unit 4-6, 6th Floor, Nam Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon
Email: info@hkcsn.org.hk **Telephone:** 973022316

I. 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: _____

Current Working Place/Area: _____

Contact: _____ Mobile Phone No.: _____ Office _____

_____ : Tel. _____

_____ No.: _____

Personal Email Address: _____

HKAN Fellow Membership No.: _____

Current Academy Fellowships and Specialist Title: _____

Application for Academy Fellowships and Specialist Title: _____

II. Academic and Professional Qualifications of the Applying Specialty

(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.		

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III. Post-registration Working Experience of the Applying Specialty

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

Position	Specialty / Department	Working Institution / Hospital	Month / Year
1.			
2.			
3.			

IV. Significant Contributions to Nursing Profession of the Applying Specialty

(3 most significant ones maximum)

A. In leadership position of specialty-related activities e.g. in-charge of service or project, or leaders of clinical teams

Position	Activity Title	Period / Year
1.		
2.		
3.		

B. Invited member in local, national and/or international initiatives e.g. Council Member; invited member of conference / seminar Organizing committee or invited panel member of professional bodies.

Position	Activity Title	Period / Year
1.		
2.		
3.		

C. Demonstrated contributions in nursing practice and service development e.g. being a specialty mentor, speaker, facilitator, moderator, coordinator or organizer in specialty related training and development programs; or paper submission on innovative nursing practice

Position	Activity Title	Period / Year
1.		
2.		
3.		

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D. Others

V. Supportive Documents

I enclose the following documents to support my application:

- ☐ (1) Copy of Academic and Professional Qualifications or Related Specialty Training
- ☐ (2) Copy of Hong Kong Academy of Nursing Fellow Membership Certificate
- ☐ (3) Copy of curriculum vitae
- ☐ (4) Evidence of achieved 60 CNE points within 2-year cycle which include 30 CNE points are Surgical specialty related
- ☐ (5) Others, please specify _____

Signature of Applicant

Date

VI. Declaration

- I hereby declare that I agree to provide the above information to the Hong Kong College of Surgical Nursing and the information provided in support of this application is accurate to this date.
- 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:
- 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.
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 not have to be responsible for any issues arise as a result of my failure to inform.

* Delete as appropriate

 Signature of Applicant Date

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VII. Referee

Referee (Recommended and supported by two active Fellow Members of the HKCSN)	
(1) Name: _____	Fellowship No.: _____
Position / Hospital or Institution: _____	Email Address: _____
Contact telephone no.: _____	Signature: _____
(2) Name: _____	Fellowship No.: _____
Position / Hospital or Institution: _____	Email Address: _____
Contact telephone no.: _____	Signature: _____

Note: Please mail this application form and the supportive documents to:
 Administrative Office, Hong Kong College of Surgical Nursing,
 Unit 4-6, 6th Floor, Nam Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon

VIII. For Official Use

Conversion of Fellow Membership Assessment

By Administration Committee Received on: _____

Signature: _____	Name: _____
By the Administration & Registration Committee	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Not approved, reason(s) _____	
1) Panel Member	
Signature: _____	Date: _____
Name: _____	_____
2) Panel Member	
Signature: _____	Date: _____
Name: _____	_____

Conversion of Fellow Membership Endorsement

<input type="checkbox"/> Support Conversion of Fellow Membership to become Fellow Member of _____		
<input type="checkbox"/> Not Support Conversion of Fellow Membership to become Fellow Member of _____		
Chair of the Administration & Registration Committee		
Signature: _____	Name: _____	Date: _____
_____	_____	: _____
President of College of Surgical Nursing		
Signature: _____	Name: _____	Date: _____
_____	_____	: _____

Hong Kong College of Surgical Nursing Guideline for the Use of Personal Data

Hong Kong College of Surgical Nursing (the College) undertakes to 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 guideline.

Purpose of collection and guideline for use of personal data

1. The College will use personal data collected from a data subject for the purposes for which it is collected.
2. To provide personal data to the College is on 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 College may use your personal data in future (name, telephone number, fax number, email, mailing addresses) 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 Surgical Nursing, and request us to cease to use your personal data for promotion purposes.

If you object the College 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 / fax / email. No charge will be applied.

Name: Hong Kong College of Surgical Nursing
Address: Unit 4-6, 6th Floor, Nam Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon
Email: info@hkcsn.org.hk