

Hong Kong College of Surgical Nursing Application Form for Ordinary Member



Unit 4-6, 6th Floor, Nam Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon

Email: info@hkcsn.org.hk Telephone: 97302231

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:	<u></u>	Sex * F / M
Job Title:		
Current Working Place/Area:		
HK ID No.:		
Correspondence Address:		
Contact:	Mobile Phone No.:	Office:
		Tel.
		No.:
	Email Address:	
Registration No. of Registered N	Jurse Certificate Issued by Nursing Council in	
Hong Kong		
Expiry Date of Practising Certific	cate:	(DD/MM/YY)
HKCSN Associate Member No.		

II. Ordinary Membership Examination

You need to **CHOOSE** your own surgical specialties to seat for examination.

There are 14 Specialties in the Hong Kong College of Surgical Nursing. Understanding there are different combination of specialties in the clinical setting in your hospital, you are advised to choose specialties you are familiar with and working in your workplace.

1. Please choose ONE Mandatory Specialty

• This should be a Surgical specialty training qualification you possess

2. Please choose your Elective Specialty

- For <u>General Surgery</u> as your Mandatory Specialty, you need to select **FOUR** specialties from the Elective Specialty
- For <u>Specialty Surgery</u> as your Mandatory Specialty, you need to select **TWO** other specialties from the Elective Specialty

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Mandatory 3	Specialty	Elective S	pecialty
Breast Care	Burn & Plastic	Breast Care	Burn & Plastic
	Care		Care
Cardiothoracic	Ear Nose & Throat	Cardiothoracic	Ear Nose & Throat
Care	Care	Care	Care
Colorectal Care	Gynaecological	Colorectal Care	Gynaecological
	Care		Care
Hepatobiliary and	Neurosurgical	Hepatobiliary and	Neurosurgical Care
Pancreatic Care	Care	Pancreatic Care	
Ophthalmological	Organ Donation	Ophthalmological	Organ Donation
Care		Care	
Stoma and	General Surgery	Stoma and	Urological Care
Wound Care /		Wound Care /	
Enterostomal		Enterostomal	
Therapy Care		Therapy Care	
Urological Care	Vascular Care	Vascular Care	_

III. Academic and Professional Qualifications

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

	Course / Program Title	Training Institution / Country	Qualification Obtained / Year	Academic Hours
A. Nursing related	1.			
Academic & Professional	2.			
Qualifications	3.			
B. Related Specialty	1.			
Training	2.			
	3.			

IV. 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	Clinical Hours
1.				
2.				
3.				
4.				

V. Others (if any)

(Leadership position of specialty-related activities)

Position	Activity Title	Working Institution / Hospital	Period / Year	Clinical Hours
1.				
2.				
3.				
4.				

vi. Supportive Documents (Mandatory)

I enclo	se the fo	llowing documents to support my application:
	(1)	Copy of Registered Nurse certificate from Nursing Council of Hong Kong
	(2)	Copy of valid registered nurse practising certificate
□ (3)	Copy of	Surgical Nursing Training (Part A) certificate
	(4)	Copy of *Master Degree in Nursing / Master in Specialty Nursing / Highest academic
qualifi	cation	
	(5)	Copy of transcript of *Master Degree in Nursing / Master in Specialty Nursing
	(6)	Copy of certificate of related nursing specialty (if any)

Signature of A	Applicant			
	.ppca.rc	Date		
			3	
VII. Decl	<u>aration</u>			
1. I hereby	declare that I agree to provide the above info	rmation to the Hong Kong College of Su	ırgical	
Nursing and the information provided in support of this application is accurate to this date.				
	stand that the information provided herewith wil		my of	
_	Ltd. for processing my membership certification e	xamination application.		
•	declare that:			
	*have / have never been convicted of a crir	·	ıment	
	irrespective of whether actually sentenced to imp			
3.2 I	*have / have never been found guilty of profess	sional misconduct by any professional be	ody in	
	mare, mare merel accor reams game, or provess			
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				
4. I underst such as p will not h	Hong Kong or elsewhere. and that it is my responsibility to inform the College of work, correspondence address and additionave to be responsible for any issues arise as a responsible for any issues arise and additional arise and additional arise and additional arise and additional arise arise arise and additional arise arise arise arise arise arise and additional arise ari	onal related qualification(s), etc. The Coll	ation,	
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Position / Hospital or Institution:	Email Address:
Contact telephone no.:	Signature:

Ordinary Membership fee is HKD 800.

Please pay the Ordinary Membership fee HKD 800 via bank account transfer to Hang Seng Bank account number 390389526883 (bank account name: HK College of S N L or Hong Kong College of Surgical Nursing).

I understand I have to pay HK\$800 for Ordinary Membership fee when I have successfully passed the examination.

Note: Please send the completed application form and the supportive documents together with a copy of payment receipt to the HKCSN email address: info@hkcsn.org.hk

IX. FOR OFFICAL USE

Pre- Ordinary Membership Examination

By Administration Com	mittee	Received on:				
Signature:			Name:			
By Examination & Accre	editation	Committee				
☐ Approved						
□ Not approved, reason(s)						
1) Panel Member						
	Signatur	e:			Date:	
					•	
	Name:					
2) Panel Member						
	Signatur	e:			Date:	
	Name:					

Post- Ordinary Membership Examination

By Chair of the Examination & Accreditation Committee					
Pass Ordinary Membership Examination, may proceed to become Ordinary Member					
☐ Not pass Ordinary Membership Examination, may retake examination next year					
Signature:	Name:	Date			
:					

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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