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: _____ Sex * F / M

Name in Chinese: _____

Job Title: _____

Current Working Place/Area: _____

HK ID No.: _____

Correspondence Address: _____

_____

Contact: Mobile Phone No.: Office: Tel. No.: _____ _____

Email Address: _____

Registration No. of Registered Nurse Certificate Issued by Nursing Council in Hong Kong _____

Expiry Date of Practising Certificate: _____ (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 General Surgery as your Mandatory Specialty, you need to select **FOUR** specialties from the Elective Specialty
   - For Specialty Surgery as your Mandatory Specialty, you need to select **TWO** other specialties from the Elective Specialty

Mandatory Specialty		Elective Specialty	
Breast Care	Burn & Plastic Care	Breast Care	Burn & Plastic Care
Cardiothoracic Care	Ear Nose & Throat Care	Cardiothoracic Care	Ear Nose & Throat Care
Colorectal Care	Gynaecological Care	Colorectal Care	Gynaecological Care
Hepatobiliary and Pancreatic Care	Neurosurgical Care	Hepatobiliary and Pancreatic Care	Neurosurgical Care
Ophthalmological Care	Organ Donation	Ophthalmological Care	Organ Donation
Stoma and Wound Care / Enterostomal Therapy Care	General Surgery	Stoma and Wound Care / Enterostomal Therapy Care	Urological 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 Academic & Professional Qualifications	1.			
	2.			
	3.			
B. Related Specialty Training	1.			
	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 enclose the following 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 qualification

☐ (5) Copy of transcript of *Master Degree in Nursing / Master in Specialty Nursing

☐ (6) Copy of certificate of related nursing specialty (if any)

☐ (7) Copy of curriculum vitae

☐ (8) Copy of curriculum content of *Degree and / or specialty nursing program with experience of academic and clinical hours (if applicable)

☐ (9) Copy of signed logbook(s) in related specialty nursing

☐ (10) Others, please specify _____

_____

☐ (11) Copy of HKCSN Ordinary Membership examination result / letter[#]

[#] to be completed and submitted after successfully passed examination

_____ _____

_____

Signature of Applicant Date

VII. Declaration

1. 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.
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:
   - 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 for the declaration

Date

VIII. Referee

Referee (Recommended and supported by one active Fellow Member of the HKCSN)			
Name :	_____	Fellowship No.:	_____

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 Committee Received on: _____

Signature: _____ Name: _____

By Examination & Accreditation Committee

☐ Approved

☐ Not approved, reason(s) _____

1) Panel Member

Signature: _____ Date: _____

Name: _____

2) Panel Member

Signature: _____ 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: _____

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