



ASSOCIATED MEMBER APPLICATION FORM

<u>College Logo</u>	The Hong Kong College of _____ Nursing
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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: _____

Working Organization _____

HKID No.: _____ **XXX (X)**
(Please enter the first 4 alpha-numeric characters e.g. AA-123 XXX(X))

Correspondence Address: _____

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

Email Address: _____

Registration No. of Registered Nurse Issued by HK Nursing Council _____

Registration No. of Registered Midwife by Midwife Council of HK _____

Expiry Date of Practicing Certificate (RN): _____
(DD/MM/YY)

II. Academic and Professional Qualifications (In descending chronological order)

	Course / Program Title	Training institution / Country	Qualification / Year Date obtained: Month-Year
A. Nursing Related Academic & Professional Qualification	1.		
	2.		
	3.		
	Course / Program Title	Training institution / Country	Qualification / Year Date obtained – Month-Year



B. Related Specialty Training	1.		
	2.		
	3.		

III. Post-Registration Working Experience in Nursing Relevant to Application

(The following entries should be written in chronological order)

Position	Specialty / Department	Working Institution / Hospital	Period
1.			
2.			
3.			
4.			

Remark: All specialty experiences in clinical, management, teaching or research nursing would be considered.

IV. Supportive Documents

I enclosed ALL of the following documents to support my application:

- (1) Certified copy of valid Registered Nurse Registration Certificate (certify true copy by your supervisor)
- (2) Certified copy of valid Registered Nurse Practicing Certificate (certify true copy by your supervisor)
- (3) Certified copy of the certificate of the highest academic qualification
- (4) Certified copy of specialty nursing related certificate(s) (certify true copy by your supervisor)
- (5) curriculum vitae
- (6) Others: _____

V. The applicant should be nominated by an eligible referee:

Referee (Professionally Affiliated)

Name: _____ Position: _____

Signature: _____ Hospital: _____

Contact phone number: _____ Fellowship: _____

Email Address: _____

VI. DECLARATION

1. I hereby declare that I agree to provide the above information to The Hong Kong Academy of Nursing & Midwifery Limited and the information provided in support of this application is accurate to this date.



Unit 4 & 5, 6/F, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon, Hong Kong SAR
Email: info-enquiry@hkanm.hk Telephone: (852) 2370 0335 Fax: (852) 2370 0216

2. I understand that the information provided herewith will be forwarded to the Hong Kong Academy of Nursing & Midwifery Limited for processing my fellow membership application.
3. 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 any issues arise as a result of my failure to inform.
4. I have*/ have not* been convicted of a criminal offence punishable with imprisonment (irrespective of whether actually sentenced to imprisonment) in Hong Kong or elsewhere.
5. I am*/am not* currently the subject of any on-going criminal proceeding(s) in Hong Kong or elsewhere.
6. I have*/have never* been found guilty of professional misconduct by any professional body in Hong Kong or elsewhere
7. I am*/am not* currently the subject of any on-going disciplinary proceeding(s) by any professional body in Hong Kong or elsewhere.

Signature of Applicant

Date

VII. The annual subscription fee is HK\$

I enclose herewith a crossed cheque for HK\$ _____ with cheque no. _____ of _____ Bank to be payable to Hong Kong College of _____ Nursing Limited as the annual membership fee will be till 31 March.

Note: Please mail this application form and the supportive documents together with the crossed cheque to:

Administrative Office, Hong Kong College of _____ Nursing Limited

Address: Unit 4-5, 6/F, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon, HKSAR.

VIII. FOR OFFICE USE

Received by Administration Committee on _____

Signature _____ Name in Block Letter: _____



By Accreditation Panel: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Rejected, reason: _____
1) Panel Chairman: Signature _____ Block Letters _____ Date _____
2) Panel Member: Signature _____ Block Letters _____ Date _____

IX. Hong Kong College of _____ Nursing
Guideline for the Use of Personal Data

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 guide.

Purpose of collection and guideline for use of personal data

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

If you object the HK_____ 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 / email _____ . No charge will be applied.



Hong Kong Academy of Nursing & Midwifery

香港護理及助產專科學院

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