Hong Kong College of Surgical Nursing

Application to be a Clinical Mentor in HKCSN

I would like to apply to be a Clinical Mentor in the College of Surgical Nursing in

(1) _____ (Specialty) (2) _____ (Specialty)

*Associate Member / Ordinary Member *Associate Member / Ordinary Member

*Circle as appropriate

Name: _____ **Gender:** ⬜ **Female** ⬜ **Male**

Rank: _____ Dept. / Institution: _____

Contact: Mobile _____ Personal Email _____

HKANM Fellow Membership No.: _____ Specialty: _____

Date: _____ Signature: _____

 # If you are not a HKANM Fellow, please submit your curriculum vitae with this application form for consideration.

Recommended and supported by (active HKCSN Fellow)

Name : _____ HKAN Fellow Membership No.: _____

Position / Institution: _____ Email Address: _____

FOR OFFICIAL USE

By Administration and Registration Committee

☐ Checked & approved
☐ Not approved, reason(s) _____

_____

1) Panel Member Signature: _____ Date: _____

Name: _____

2) Panel Member Signature: _____ Date: _____

Name: _____

Please send this form with your curriculum vitae (if applicable) to:

Hong Kong College of Surgical Nursing

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