Hong Kong College of Surgical Nursing
Application Form for Fellow Membership

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: _____ Sex * F / M

Job Title: _____

Current Working Place/Area: _____

HK ID No.: _____

Correspondence Address: _____

_____

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

Personal Email Address: _____

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

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

HKANM Ordinary Membership No.: _____

#Date & Specialty of successfully passed Fellow Exit Assessment: _____ & _____

II. Academic and Professional Qualifications

(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.		

III. 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
1.			
2.			
3.			
4.			

IV. Significant Contributions to Nursing Profession *(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.		

D. Others

V. 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 Hong Kong Academy of Nursing & Midwifery Ordinary Membership Certificate

☐ (4) Copy of HKCSN Fellow Assessment result / letter[#]

☐ (5) Copy of curriculum vitae

☐ (6) Evidence of achieved 60 CNE points within 3-year cycle which include 45 CNE points are Surgical specialty related

☐ (7) Others, please specify _____

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

_____ _____

_____

Signature of Applicant Date

VI. 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 & Midwifery 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

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:

I enclose herewith a crossed cheque for HK$1000 (nonrefundable) with cheque no _____ of_____ Bank to be payable to **Hong Kong College of Surgical Nursing Limited** as the fellow membership examination fee. I understand I have to pay HK$2000 for Fellow Initiation Fee (one off) and HK$2000 for the Annual Fellow Membership Fee when I have successfully passed the assessment.

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

Pre-Fellow Membership Assessment

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- Fellow Membership Examination

By Chair of the Examination & Accreditation Committee		
☐ Pass Fellow Membership Assessment, may proceed to become Fellow Member		
☐ Not pass Fellow Membership Assessment, may retake assessment 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