Hong Kong College of Surgical Nursing
Application Form for
Certification Examination

Personal Particulars

Please type or complete the form in BLOCK LETTERS

Title: * Ms /Mr /Mrs /Dr/Prof

Surname: _____

Given Name: _____

Name in Chinese:

Sex * F / M

Job Title: _____

Present Working Place: _____

HK ID No.: | | | | | | | | ( )

First 4 digits of your HKID No.

Correspondence Address: _____

_____

Contact:

Mobile Phone No.: _____

Office: Tel. No.: _____

Email Address: _____ (Personal email)

_____

HKCSN Ordinary Membership No: _____

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 and Midwifery (HKANM) for processing my membership certification examination application.

_____

_____

Signature of Applicant Date

**** Delete as appropriate***

Referee

Referee 1 (Professionally Affiliated)

Name: _____ **Position:** _____

Signature: _____ **Hospital / Institution:** _____

Contact phone no.: _____ **Fellowship No:** _____

Email Address:

_____

Referee 2 (Professionally Affiliated)

Name: _____ **Position:** _____

Signature: _____ **Hospital / Institution:** _____

Contact phone no.: _____ **Fellowship No:** _____

Email Address:

_____

Certification Examination fee is HKD 800.
Please pay the Certification Examination 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).
Examination fee is non-refundable once you are accepted for the Certification Examination.

Please send the completed application form with a copy of payment receipt to the HKCSN email address:
Email: info@hkcsn.org.hk

Guideline for the Use of Personal Data

The Hong Kong College of **Surgical Nursing** undertakes to comply with the requirements of the **Personal Data (Privacy) Ordinance** to ensure that personal data are accurate and securely kept. To ensure you are well informed of the personal data as collected, please read this guideline.

Purpose of collection and guideline for use of personal data

1. The Hong Kong College of Surgical Nursing will use personal data collected from a data subject for the purposes for which it is collected.
2. To provide personal data to the Hong Kong College of Surgical Nursing 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 Hong Kong College of Surgical Nursing 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 using your personal data for promotion purposes.
- If you object the Hong Kong College of Surgical Nursing to use your personal data for the purposes as stated above, please contact us in writing with **your full name**, **telephone number** as well as **date** by mail / fax / email. No charge will be applied.

Address: Unit 4 & 5, 6/F, Nan Fung Commercial Centre, 19 Lam Lok Street,
Kowloon Bay, Kowloon, Hong Kong SAR
Email: info@hkcsn.org.hk