1. **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.: |  |
|  | Email Address:  |  |
| Registration No. of Registered Nurse Certificate Issued by Nursing Council of Hong Kong: |  |
| Expiry Date of Practising Certificate:  |  | (DD/MM/YY) |

1. **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. |  |  |

1. **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.  |  |  |  |

1. **DECLARATION**
2. I hereby declare that I agree to provide the above information to The Hong Kong College of Community and Public Health Nursing and the information provided in support of this application is accurate to this date.
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 for any issues arise as a result of my failure to inform.
4. I hereby declare that:
	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.
	2. I \*have / have never been found guilty of professional misconduct by any professional body in Hong Kong or elsewhere.

\* *Delete as appropriate*

Signature of Applicant Date

|  |  |
| --- | --- |
| **Recommended and Supported by** |  |
| Name: |  | Fellowship No.: |  |
| Position / Hospital or Institution: |  | Email Address: |  |
| Contact telephone no.: |  | Signature: |  |
|  |  |  |

|  |
| --- |
| I enclose herewith a crossed cheque for HK$300 (non-refundable) with cheque no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank to be payable to The Hong Kong College of Community and Public Health Nursing Limited as the annual membership fee. |

***Note:***

**Please mail this application form and the supportive documents together with the crossed cheque to:** Administrative Office, The Hong Kong College of Community and Public Health Nursing,

 LG1, School of Nursing, Princess Margaret Hospital

 232 Lai King Hill Road, Lai Chi Kok, Kowloon, Hong Kong

**FOR OFFICAL USE**

|  |  |
| --- | --- |
| **By Administration Committee**  | Received on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **By Administration Committee**  | □ Approved  | □ Not Approved, Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 1) Panel Member | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2) Panel Member | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |

**The Hong Kong College of Community and Public Health Nursing**

**Guideline for the Use of Personal Data**

The Hong Kong College of Community and Public Health 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 Community and Public Health 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: The** Hong Kong College of Community and Public Health Nursing

**Address:** LG1, School of Nursing, Princess Margaret Hospital,

 232 Lai King Hill Road, Lai Chi Kok, Kowloon, Hong Kong

**Email:** hkccphn@ymail.com