



The Hong Kong Academy of Nursing & Midwifery

香港護理及助產專科學院

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



APPLICATION FOR ORDINARY MEMBER

I. Personal Particulars

** Please type or complete the form in BLOCK LETTERS and circle as appropriate*

Title: * Ms /Mr /Mrs Surname: _____ Given Name: _____

Name in Chinese: _____ Sex * F / M

Job Title: _____

Present Working _____

HK ID No.:

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 First 4 digits of your HKID No.

Correspondence Address: _____

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

Email Address: _____

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

Registration No. of Registered Nurse* / Midwives* Certificate Issued by Nursing / Midwives Council of Hong Kong: RN _____ RM _____

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.		



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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.			
5.			

SUPPORTIVE DOCUMENTS (Mandatory)

*** Delete as appropriate**

I enclose the following documents to support my application:

- ☐ (1) *certified true copy of a valid RN / RM Registration certificate
- ☐ (2) *certified true copy of a valid RN / RM practicing certificate
- ☐ (3) *certified true copy of the certificate of the highest academic qualification
- ☐ (4) certified true copy or copies of specialty nursing related certificate(s)
- ☐ (5) copy of curriculum vitae
- ☐ (6) *evidence of **completed 500 hours of theory in the specialty curriculum**
(refer to Appendix I- Post-registration Certificate Course (PRCC) certificate or University transcript)
- ☐ (7) evidence of **completed 250 hours of clinical practice in the related specialty**
(refer to Appendix I- copy of logbook)
- ☐ (8) others _____



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DECLARATION

**** Delete as appropriate***

1. I hereby declare that I agree to provide the above information to the Hong Kong College of _____ 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 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.
HKANM-MEM003-V3 (12/20)
 - 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.

Signature of Applicant

Date

You are eligible to apply for the 'Ordinary Membership' after showing satisfactory performance at admission interview conducted by the related Academy College



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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:	_____		

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 examination fee. (*examination fee is non-refundable once you are accepted for the examination*)

Please mail this application form with a crossed cheque of **HK\$**_____ and the supportive documents to **The Hong Kong College of (_____) Nursing Limited**.



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Guideline for the Use of Personal Data

The Hong Kong College of _____ 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 through this guideline.

Purpose of collection and guideline for use of personal data

1. The Hong Kong College of _____ 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 _____ 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 _____ 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 _____ and request us to cease using your personal data for promotion purposes.
- If you object the Hong Kong College of _____ 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.

Name: Hong Kong College of _____ Limited

Address: _____

E mail: _____



The Hong Kong Academy of Nursing & Midwifery

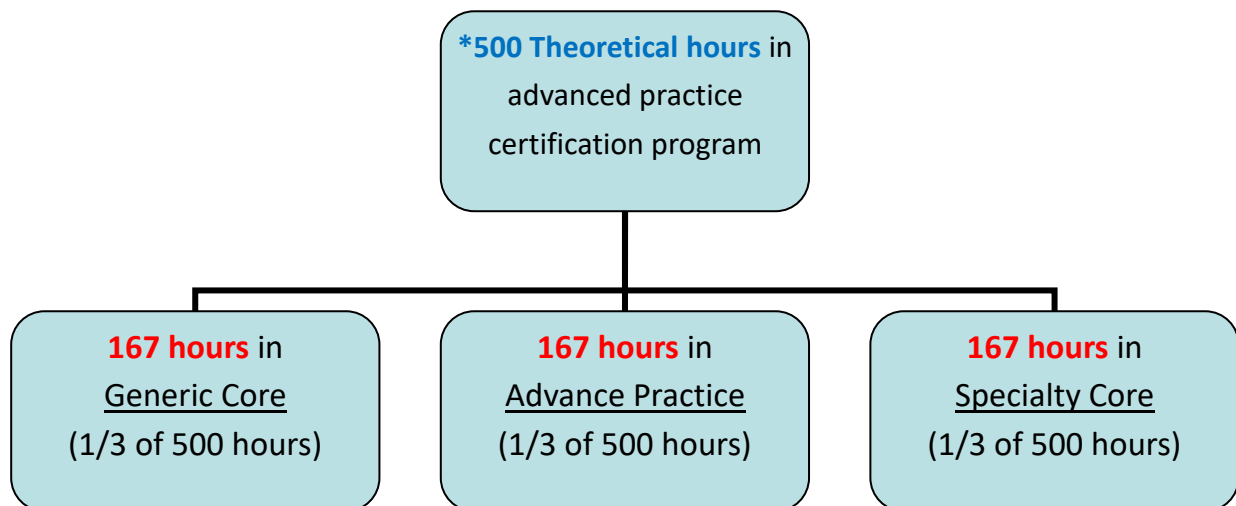
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Appendix I

Relevant information of 500 Theoretical hours



* The advanced practice certification program should be attained through: Structured courses at post-graduate level (60-100%) and structured courses provided by specialty Course Providers (0-40%)

Relevant information of 500 hours Clinical Experience

- 1) 250 clinical hours should be accomplished within a 4 years' time span.
- 2) The experience can be of 100% guided clinical practice or with some (at most 50%) in work placement situations, as follows:
 - 2.1) 50% - 100% supervised practice
 - 2.2) 0% - 50 % work placement
- 3) Guided clinical practice refers to the experience in which there is an on-site designated appointed mentor who is an **Academy Fellow in current practice**.
- 4) Work placement experience is the situation in which there is no on-site designated appointed mentor. However, the experience is recognized as a learning component with explicit learning objectives and evidence of learning assessed by a recognized supervisor/mentor.

The evidence of learning can compose one or more of the following outputs:

- Case studies
- Student portfolio (learning progress review)
- Reflective paper
- Practice project
- Group project (should compose less than 10% of the total marks)