

Hong Kong College of Paediatric Nursing Ltd.



Academy Fellow Membership under the Grandfathering Scheme of The Provisional Hong Kong Academy of Nursing Application Form 2014



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: _____

Present Working Place/Area: _____

HK ID No.: _____ (Please enter the first 4 alpha-numeric characters e.g.A123)

Correspondence Address : _____

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

Email Address: _____

Registration No. of Registered Nurse / Midwives Certificate Issued by Nursing Council: _____

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

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 | Period |
|----------|------------------------|--------------------------------|--------|
| 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

SUPPORTIVE DOCUMENTS

I enclose the following documents to support my application:

- (1) a completed application form, typed or clearly hand written;
- (2) Registered Nurse / Midwife certificate from Nursing Council of Hong Kong copy of valid registered nurse practicing certificate;
- (3) a copy of your current full curriculum vitae;
- (4) a copy of the certificate of the highest academic qualification and professional qualification;
- (5) a copy of each of the specialty nursing related certificates;
- (6) a cross cheque HK\$2,000 of application membership fee made payable to:
"Hong Kong College of Paediatric Nursing Limited"; and
- (7) others: _____

DECLARATION

1. I hereby declare that I agree to provide the above information to the Provisional Hong Kong Academy of Nursing Ltd. 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 Provisional Hong Kong Academy of Nursing Ltd. for processing my fellow membership application.
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.

Signature of Applicant

Date

Referee (Professionally Affiliated)

Name _____

Position _____

Hospital / Institution _____

Email Address _____

Your name will be included in the Fellow registry within the period until 31 March 2015 upon the successful Fellow Membership Application.