**Personal Particulars**

Surname: Given name: Title:\* Ms/Mr/Mrs/Dr/Prof

Chinese name: Sex:\*M/F HK ID No.:

Correspondence address:

Email Address:

Contact phone number Mobile: Office: Home:

Job Title: Organization/Department:

Reg. No. of RN issued by Nursing Council Hong Kong: Expiry Date of Practising Certificate:

Hong Kong College of Cardiac Nursing (HKCCN) Associate Member No.:

**Professional Experience in Nursing related job (in chronological order):**

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| --- | --- | --- | --- |
| **Duration** | **Department** | **Organization** | **Title** |
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**Academic Qualification and Professional Achievement (in chronological order):**

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| --- | --- | --- |
| **Year Achieved** | **Course / Programme**  | **Institution** |
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**Declaration**

1. I hereby declare that I have no criminal conviction or professional misconduct.
2. My update signature certifies that all the information presented here are completed and correct the best of my knowledge.

 Signature of Applicant Date

\*Delete as appropriate

**Please check the list for documents to be included**

|  |  |
| --- | --- |
| 🞏 | Copy of valid RN registration certificate issued by Nursing Council of Hong Kong |
| 🞏 | Copy of a registered nurse practising Certificate issued by Nursing Council of Hong Kong |
| 🞏 | Copy or copies of specialty nursing related certificate(s) |
| 🞏 | Copy of certificates and of the highest academic qualifications |
| 🞏 | Original copy of a signed logbook of the related sub-specialty |
| 🞏 | A crossed cheque of HK$1,000 (non-refundable) as the examination fee (payable to Hong Kong College of Cardiac Nursing Ltd.) |
| 🞏 | Others, please specify: |

**Application form and documents should be sent to:**

Administrative Office, Hong Kong College of Cardiac Nursing,

LG1, School of Nursing, Princess Margaret Hospital,

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