**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.:

**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. |  |  |

**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. |  |  |  |

**Declaration**

***\* Delete as appropriate***

1. I hereby declare that I agree to provide the above information to the Hong Kong College of Cardiac 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 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.

3.2 I \*have / have never been found guilty of professional misconduct by any professional body in Hong Kong or elsewhere.

1. 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

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

|  |  |
| --- | --- |
| 🞏 | Copy of a valid registered nurse Practicing Certificate issued by Nursing Council of Hong Kong |
| 🞏 | Copy of a valid registered nurse registration issued by Nursing Council of Hong Kong |
| 🞏 | Copy of the certificate of the highest academic qualification |
| 🞏 | Copy or copies of specialty nursing related certificate(s) |
| 🞏 | Original copy of a signed logbook of the related sub-specialty or other signed document to verify the hours of practice |
| 🞏 | 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