

**MIDWIVES REGISTRATION ORDINANCE, CAP. 162**  
**MIDWIVES (REGISTRATION & DISCIPLINARY PROCEDURE) REGULATIONS, CAP. 162**  
**APPLICATION FOR REGISTRATION**  
**from Midwife trained outside Hong Kong**

I hereby apply for Registration as a Midwife.

1. My personal particulars are as follows :

Surname ..... Maiden Name .....

Forenames .....

Name in Chinese Characters (if any) .....

Date of Birth ..... Place of Birth .....

Nationality ..... HKID/Passport No. ....

Correspondence address .....

Contact address in Hong Kong (if any).....

..... Tel No. in Hong Kong (if any).....

Present Occupation ..... Employer & Address .....

2. Details of my training are as follows :

(A) Basic Nursing Training (if any)

Name and address of Hospital/Institution	Period of Training	
	From (Day/Month/Year)	To (Day/Month/Year)

(B) Midwifery Training

Name and address of School of Midwifery	Period of Training	
	From (Day/Month/Year)	To (Day/Month/Year)

(C) Midwifery Refresher Course Attended (if any)

Name and address of School of Midwifery	Period of Training	
	From (Day/Month/Year)	To (Day/Month/Year)

3. I have registered with the following body/bodies for the practice of midwifery :

Title	Registration Body	Registration Number	Year

4. I have practised as a *registered midwife* as follows :

Name and Address of Hospital	Post	From/To

5. I enclose \*originals and photocopies of the following : -

- (a) A certificate of character from a person, not being my relative, who has known me for at least 12 months;
  - \*(b) My certificate of registration valid to date;
  - \*(c) My practising certificate / other equivalent documentary evidence of entitlement to practise midwifery outside Hong Kong;
  - \*(d) Documentary evidence of my qualifications in midwifery;
  - \*(e) Documentary evidence supporting my attendance at the refresher courses as indicated;
  - \*(f) Testimonial(s) from my employer(s) certifying the midwifery practice as indicated;
  - \*(g) Hong Kong Identity Card/Passport;
  - (h) Two unmounted copies of my recent photograph;
  - (i) A record book of cases attended by me during my midwifery training, if available.
- \* *Originals and photocopies of item 5(b) - (g) must be submitted in person to the Midwives Council for vetting; otherwise, notarized copies of these documents are required.*

6. This is my ..... application for registration with the Hong Kong Midwives Council. The dates of my previous applications for registration as a midwife are as follows : .....

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Signature of Applicant

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Date

To: The Secretary,  
Midwives Council of Hong Kong,  
Shun Feng International Centre, 1<sup>st</sup> floor,  
182 Queen's Road East,  
Wan Chai,  
Hong Kong.

**TESTIMONIAL AS TO CHARACTER**  
**(To be completed by a person, not being relative of the applicant,**  
**who has known the applicant for at least 12 months)**

I hereby state that I am not a relative of .....

I certify that I have known .....  
personally for ..... years and that \*he / she is  
of good character.

REMARKS (if any) : —

Signature .....

Name .....

(in Block Letters)

Hong Kong Identity Card No./Passport No. ....

Address .....

Occupation .....

Date .....

\* Delete whichever is inapplicable.



**VERIFICATION OF TRAINING DETAILS**  
**The Midwives Council of Hong Kong**

The Secretary,  
Midwives Council of Hong Kong  
1/F, Shun Feng International Centre  
182 Queen’s Road East  
Wan Chai, Hong Kong

- Note :
- (1) This form should be completed by the Head of Midwifery Training School and returned **DIRECT** to the **SECRETARY, MIDWIVES COUNCIL OF HONG KONG**.
  - (2) Please fill in this form in print or typed letters.

Surname of Applicant ..... Maiden name .....

Forenames ..... Date of birth .....

Name(s) of School of Midwifery and Hospital .....

..... in the city of .....

Date of Training : Commencement ..... Completion .....

The midwifery education programme was conducted in the ..... language.

**RECORD OF TRAINING**

A. Theoretical training : Lectures and demonstrations in midwifery attended: ..... Hours

B. Clinical training :

- 1. Antenatal ward/Antenatal day care centre ..... Weeks
- 2. Labour ward ..... Weeks
- 3. Postnatal ward ..... Weeks
- 4. Neonatal unit ..... Weeks
- 5. Clinics (antenatal, postnatal) ..... Weeks
- 6. Maternal and child health centre ..... Weeks

C. Clinical experience during training:

- 1. Number of antenatal history on pregnant women taken: .....
- 2. Number of antenatal examinations on pregnant women conducted : .....
- 3. Number of deliveries personally conducted : .....
- 4. Number of postnatal women and their infants taken care of : .....
- 5. Number of women at risk in pregnancy, or labour, or postnatal period supervised and taken care of : .....

***(Please also attach the transcript of training with breakdown of theoretical and clinical training details)***

I confirm that the applicant has completed the required period of training in this country/state and passed all parts of the examination to qualify for registration.

Seal

Signature .....

Full Name .....  
(in Block Letters)

Position .....

Date .....

*(Please stamp official seal of the School/Hospital in the space provided)*

**VERIFICATION OF ORIGINAL MIDWIFE REGISTRATION**

**The Midwives Council of Hong Kong**

The Secretary,  
Midwives Council of Hong Kong,  
1/F, Shun Feng International Centre  
182 Queen's Road East  
Wan Chai, Hong Kong.

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**INSTRUCTIONS TO APPLICANT**

Please send this document to the Registration Authority which issued your Original Registration Certificate for completion. That Authority may require a fee for the service you request. You are required to fill in all details under **PART A** below before sending this form to that Authority.

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**PART A - TO BE COMPLETED BY THE APPLICANT (in BLOCK letters)**

Full name of the applicant .....

Registration Authority .....

Address of Registration Authority .....

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Registration No. .... Date of Registration .....  
day/month/year

Part under which the registration was granted (if applicable) .....

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**PART B - TO BE COMPLETED BY AN OFFICER OF THE REGISTRATION AUTHORITY (REQUEST TO REGISTRATION AUTHORITY : Please confirm the Registration details of the Midwife sending you this form by filling in the space provided. After completion, please send this form *DIRECT* to the Midwives Council of Hong Kong at the address given above)**

I confirm that the nurse named above has correctly recorded the details of her/his Registration with our Council/Board and this Registration \* is / is not currently valid.

If her/his Registration is not currently valid, please state the reason(s) :

Seal

Signature .....

Full Name .....  
(in Block Letters)

Capacity in Registration Authority .....

Date .....

\*Delete whichever is inappropriate

Please stamp official seal of Registration Authority in the space provided.

## Note

- 1) The application will not be processed until receipt of all supporting documents. Please note that on average the applicant would take 3 to 4 months' time to have the forms of Verification of Training Details/Original Registration being completed by the authorities concerned. Further, the Council will assess the application only when all required documents are provided and found in order. You should take this into account if you are intending to take up employment as registered midwife in Hong Kong. At the time of application, an applicant cannot be assured of gaining registration with the Council.
- 2) The Council does not operate a system of reciprocal registration but assess each application on an individual basis with regard to the length and contents of theoretical and clinical training of the applicant. The Council may require the eligible applicant to prove her competency in midwifery by examination conducted by examiners appointed by the Council and, if required, to undergo further training as the Council may specify before granting registration.
- 3) The Council is unable to assist with employment issues. You may write to the Appointment Section of the Hospital Authority responsible for the running of public hospitals at 147B Argyle Street, Kowloon, Hong Kong for information. Addresses of the private hospitals are available from the telephone directory.
- 4) Before mailing your application form, check to ensure that the form is duly completed and the necessary/required documents are enclosed. Missing and/or irrelevant documents and information will delay processing of your application.

## PERSONAL DATA COLLECTION STATEMENT

### Purpose of Collection

The personal data you provided to the Midwives Council of Hong Kong are for the purpose of the application you are currently making only. The provision of personal data is obligatory. If you do not provide the requested information, the Midwives Council of Hong Kong may turn down your application.

### Classes of Transferees

2. The personal data you provided are mainly for use within the Midwives Council of Hong Kong but they may also be disclosed to other Government bureaux, departments, agencies or authorities for the purpose mentioned above, if necessary. Moreover, according to the Midwives Registration Ordinance (Cap. 162, Laws of Hong Kong), your name, date of registration, registered number and particulars of training and qualifications will be entered into the Register of Midwives for public inspection. Some or all of these data may also be published in the Gazette. Other than that, such data will only be disclosed to other parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance (Cap 486, Laws of Hong Kong). Please notify the Midwives Council of Hong Kong whenever there is any change of your personal data.

### Access to Personal Data

3. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasion as mentioned in paragraph 1 above. A fee may be imposed for obtaining a copy of the data.

### Enquiries

4. Enquiries concerning the personal data provided, including access and the making of corrections, should be addressed to:-

The Secretary, Midwives Council of Hong Kong  
1/F, Shun Feng International Centre  
182 Queen's Road East  
Wan Chai, Hong Kong  
Tel. :2527 8351  
Fax :2527 2277