



3. I have practised as a *registered midwife* as follows:-

Name and Address of Employer	Post	From/To

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

- \*(a) Documentary evidence supporting my attendance at the post-registration training as indicated;
- \*(b) Testimonial(s) from my employer(s) certifying the midwifery practice as indicated;
- \*(c) Hong Kong Identity Card/Passport;
- (d) Completed declaration form (attached)
- (e) Two unmounted copies of my recent photograph;

\* ***Originals and photocopies of items 4(a) - (c) must be submitted in person to the Midwives Council for vetting; otherwise, notarized copies of these documents are required.***

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Signature of Applicant

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Date

**Declaration Form****聲明表格**

(Application for Registration as a Midwife / Restoration of Name to the Register of Midwives  
and for Practising Certificate for Midwives)

(申請註冊為助產士 / 將姓名重新列入註冊助產士名冊  
及申請助產士執業證明書)

**Declaration****聲明**

I declare that I **\*have / have not** been convicted of an offence punishable with imprisonment in Hong Kong or elsewhere; and I **\*have / have not** been found guilty of unprofessional conduct, in Hong Kong or elsewhere.

現聲明本人 **\*曾/不曾**在香港或其他地方被裁定犯可判處監禁的罪行; 及**\*曾/不曾**在香港或其他地方犯了不專業行為。

Details of the conviction :

定罪細節

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Signature :

簽署

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Name :

姓名

(English)

(Chinese)

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Registration No. (If applicable):

註冊編號 (如適用)

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Contact Tel. No. :

聯絡電話

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Residential Address :

(in English and Chinese)

住址 (中文及英文)

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Present Employer :

現時僱主

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Date :

日期

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\*Please delete where inappropriate

\* 請刪去不適用者

## 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