EN

NURSING COUNCIL OF HONG KONG APPLICATION FOR VERIFICATION OF ENROLMENT

(i) By crossed cheque payable to the "The Government of the Hong Kong Special

<u>APPLICATION FOR VERIFICATION OF ENROLMENT</u> (\$170)

Method of payment:

Payment Type 410

		17/F Wu Chung H	<i>louse</i> , 213 Que at the Accounts	en's Roas Office,	<i>d East, Wa</i> Departme	<i>n Chai, Ho</i> nt of Health	entral Registration Office, ng Kong. n, Wu Chung House, 17th	
1.	Name :							
2.	Address :		(in English) (in Cl			(in Chinese	Chinese, if applicable)	
				Tel	:			
3.	Details of Enrolment :-							
	Category (tick whichever is appropriate)			Enrolment Numb		<u>mber</u>	<u>Date of Enrolment</u>	
	Enrolled Nu	rse (General)						
	Enrolled Nu	rse (Mental)						
4.	Details of Nurs	se Training :-						
	Name of Train	ing Hospital				From	Period of Training (Day/Month/Year)	
						То		
5.	Authorization) -						
		thorize the Nursing etailed above to	Council of	_	_	send th	e verification of my	
				Si	ignature :			
					Date :			
			FOR OFFICIA	L USE				
Do	etails of Payment				tion Tolzon			
Receipt No. :				Action Taken Verification				
Amount :				issued on :				
Date	· <u>-</u>			255				