

**The Nursing Council of Hong Kong**  
**Application for Registration/Enrolment (General)**  
**under the Nurses Registration Ordinance, Cap. 164**  
**(for nurses trained outside Hong Kong)**

**Application Notes**

**1 Who can apply?**

1.1 Nurses trained outside Hong Kong who:

- 1.1.1 have attained the minimum age of 21 years for registration or have attained the minimum age of 20 years for enrolment;
- 1.1.2 are of good character; and
- 1.1.3 possess a valid certificate to practise nursing <sup>Note 1</sup> issued by such certifying body as may be recognized by the Nursing Council of Hong Kong (“the Council”) from time to time as constituting sufficient evidence of his/her competency to practise nursing at the time of his/her application.

*Note 1: The certificate to practise nursing must be valid at the time of application. The Council will not process any application that fails to produce such document.*

*Remark: The applicants should usually have completed at least 3 years nursing training for registration or have completed at least 2 years nursing training for enrolment.*

**2 Application Procedure**

2.1 The applicant should complete the application form and enclose originals and photocopies or notarized copies <sup>Note 2</sup> of the following:

- 2.1.1 Nursing graduation certificate
- 2.1.2 Hong Kong Identity Card/Passport
- 2.1.3 Valid certificate <sup>Note 3</sup> to practise nursing from local registration/enrolment authority
  - (i.e. (i) practising certificate or other equivalent documentary evidence of entitlement to practise nursing outside Hong Kong; and
  - (ii) registration/enrolment certificate or official document from local registration/enrolment authority verifying the applicant’s “date of initial registration”.)

*Note 2: If the applicant submits the application in person, he/she has to bring the originals and photocopies of the above items to the Council for verification. The original documents will be returned immediately after verification of the photocopies submitted. If the applicant submits the application by post, he/she is required to send true copies of these documents, duly legalized/authenticated by notarization, to the Council.*

*Note 3: If the local registration/enrolment authority only issued certificate in electronic format, the applicant is required to submit the printout of the e-certificate, duly legalized/authenticated by notarization, to the Council.*

- 2.2 The applicant should request the training institute(s) to send us his/her transcript(s) stating clearly the course code, full name and grade/result of each attended subject together with a separate record of detailed breakdowns in theoretical and clinical training hours of each subject. Since some of the required information may not be shown on the transcript(s) of the individual applicant, in order not to delay the application, please also ask the training institute(s) to complete and return to the Council direct the “Verification of Training Details” on pages 6 to 9 of the application form in an official and sealed envelope of the training institute.

- 2.3 The applicant should also send the “Verification of Original Registration” on page 10 of the application form to the registration authority, which issued his/her original registration/enrolment certificate outside Hong Kong, for completion and returning to the Council direct. Please note that the completed “Verification of Original Registration” must be returned by the registration authority to the Council and in an official and sealed envelope of the issuing authority when it reaches the Council.
- 2.4 Please note that the applicant’s training institute/registration authority outside Hong Kong may take three to four months’ time on average to complete the “Verification of Training Details/Original Registration” and return them to the Council. The Council will assess the application only when all the required information and documents are provided. Please note that clarification/supporting documents may be required if the provided information is unclear or inadequate. The applicant should take this into account if he/she intends to take up employment as a registered / an enrolled nurse in Hong Kong, particularly within a short period of time.
- 2.5 Please note that if the bearer’s name on the documentary proofs appears differently, the applicant may be required to approach a statutory body to make a statutory declaration verifying different names appear on the documentary proofs submitted for his/her application are all referring to the same person. The original/notarized copy of the statutory declaration should be sent to the Council for assessment upon request.
- 2.6 The Council does not operate a system of reciprocal registration/enrolment. It assesses each application on an individual basis in regard to the theoretical and clinical training hours and contents of the nurse training programme of the applicant. Regarding the required training hours and contents, the applicant may make reference to the following documents setting out the local syllabuses for reference:
- (i) “A Reference Guide to the Syllabus of Subjects and Requirements for the Preparation of Registered Nurse (General) in the Hong Kong Special Administrative Region” for application for registration for Part I (General);
  - (ii) “Core-Competencies for Enrolled Nurses (General) and a Reference Guide to the Syllabus of Subjects and Requirements for the Preparation of Enrolled Nurse (General) in the Hong Kong Special Administrative Region” for application for enrolment for Part I (General).

The above documents will be reviewed by the Council from time to time and are available for download at the Council’s website at [www.nchk.org.hk](http://www.nchk.org.hk). The applicant will be approved to sit for the Licensing Examination only if he/she has fulfilled the requirements of the Council.

- 2.7 Applications for Part I (General) registration and Part I (General) enrolment are two separate applications. Applicants applying for both registration/enrolment should submit a full set of individual application forms and documentary proofs (including those submitted by the training institute(s) and local registration authority) for each registration/enrolment.

- 2.8 Deadline of application:
- 2.8.1 While applications are processed all year around, only those duly completed applications with all the required documents received by the Council **by the end of October each year** will be assessed and the applicants concerned will be notified whether they are eligible to sit for the Licensing Examination to be held next year.
- 2.8.2 The Council will assess the application **only when all required information and documents are provided**, including items 2.1 to 2.3 above.
- 2.9 Commonly identified issues resulting in a delay of application:
- 2.9.1 Incomplete information
- 2.9.1.1 The applicant needs to fill out the application form entirely and submit all required documents.
- 2.9.1.2 An application cannot be processed until all information and documents are received.
- 2.9.1.3 Please remember to write your full name where necessary.
- 2.9.2 Mismatched information between documents
- 2.9.2.1 Information such as names, date of birth, dates of education, etc. provided by the applicant must match with the supporting documents submitted by the training institute/registration authority.
- 2.9.2.2 Any discrepancies will need to be clarified before the application can be processed further.
- 2.9.3 Lack of documentary proofs
- 2.9.3.1 The required documentary proofs and/or supplementary proofs are not provided.
- 2.9.3.2 The documentary proofs are in languages other than English / Chinese (if the original documents are in other languages, official/certified translation in English must be provided simultaneously).
- 2.10 After an applicant has completed the application form, he/she is required to submit it, together with the documents required, either in person or by post, to the Secretariat of the Nursing Council of Hong Kong, 1/F, Shun Feng International Centre, 182 Queen's Road East, Wanchai, Hong Kong. Applications sent by fax or by email will not be processed. The office hours of the Secretariat are as follows:  
Mondays: 9:00 a.m. to 1:00 p.m. and 2:00 p.m. to 6:00 p.m.  
Tuesdays to Fridays: 9:00 a.m. to 1:00 p.m. and 2:00 p.m. to 5:45 p.m.  
(Closed on Saturdays, Sundays and Public Holidays)
- 2.11 For any enquiries, please contact the staff of the Council Secretariat at (852) 2527 8351 during office hours, or by e-mail to nc@dh.gov.hk.

### 3 Examination Arrangement

- 3.1 Format:
- 3.1.1 The Licensing Examination for registration and enrolment consists of the written and practical parts. There will be no exemption for any part of the Licensing Examination.
- 3.1.2 The applicant must pass the written part before he/she will be allowed to take the practical part, and must pass both parts of the Licensing Examination before he/she can register/enroll with the Council.

### 3.2 Time frame in taking the Licensing Examination for eligible applicants:

- 3.2.1 The applicant is required to make his/her first attempt of the Licensing Examination within two years from the date the Council issues its initial approval for sitting the Licensing Examination to him/her. Applications for deferment beyond the two-year limit will normally not be entertained.
- 3.2.2 If the applicant fails to pass any part of the Licensing Examination, he/she is required to re-sit the failed part only. Nevertheless, the applicant has to re-sit the failed part within one year from the date of his/her last attempt, except with the special permission of the Council and subject to such conditions as to training or instruction as the Council may impose.
- 3.2.3 If the applicant fails to pass the practical part of the Licensing Examination within three years from the date he/she passes the written part, he/she needs to re-sit both the written and practical parts.
- 3.2.4 If the applicant fails to pass the Licensing Examination on three occasions, he/she will not be entitled to re-sit the Licensing Examination again without the special permission of the Council. Such applications for special permission should be sent to the Council within two weeks of the date of the result notification letter. Applications received after the two-week period will normally not be entertained. Submission of a fresh application does not mean an applicant will be given further chances to re-sit the Licensing Examination. The following are some of the examples cited for reference:

Scenario 1 :	1 <sup>st</sup> attempt	pass in the written part fail in the practical part
	2 <sup>nd</sup> attempt	fail in the re-take of the practical part
	3 <sup>rd</sup> attempt	fail in the re-take of the practical part
Scenario 2 :	1 <sup>st</sup> attempt	fail in the written part
	2 <sup>nd</sup> attempt	pass in the re-take of the written part fail in the practical part
	3 <sup>rd</sup> attempt	fail in the re-take of the practical part
Scenario 3 :	1 <sup>st</sup> attempt	fail in the written part
	2 <sup>nd</sup> attempt	fail in the re-take of the written part
	3 <sup>rd</sup> attempt	pass in the re-take of the written part fail in the practical part
Scenario 4 :	1 <sup>st</sup> attempt	fail in the written part
	2 <sup>nd</sup> attempt	fail in the re-take of the written part
	3 <sup>rd</sup> attempt	fail in the re-take of the written part

### 3.3 Schedule of Licensing Examination:

- 3.3.1 The Council usually organizes written and practical parts of the Licensing Examination every year according to the following schedule, which is for reference only and is subject to finalization:

Type of Examination	Written Part	Practical Part
Licensing Examination for Registration	March and September/ October	January/February and June
Licensing Examination for Enrolment	March	August/September

- 3.4 The Secretariat will inform eligible applicants of the details of the application procedures and payment method for the Licensing Examination in writing directly.
- 3.5 The examination fee is HK\$860 for the Licensing Examination for Registration and HK\$920 for the Licensing Examination for Enrolment. Fees are subject to revision and are not refundable.

## **Points to Note for Completing the Application Form**

### **I. Application Form**

- i. The name of the applicant appearing on the application form and Testimonial as to Character must be identical as the name shown on the applicant's Hong Kong Identity Card or passport.
- ii. Applicant should affix a recent photograph onto the photograph box on the application form.

### **II. Testimonial as to Character**

- i. The testimonial on page 5 of the application form must be completed by a person who is not a family member or relative of the applicant and has known the applicant personally for at least 12 months.
- ii. The person completing the testimonial (Note: **NOT** the applicant) must provide his/her Hong Kong Identity Card number or passport number in full.
- iii. The person completing the testimonial (Note: **NOT** the applicant) must duly sign the form.
- iv. The date of the Testimonial as to Character must be within 1 month from the date of the application form.

## Checklist of Documents Required for the Application

<b>Please check if you have enclosed the following documents:</b>	
1	Completed pages 1 to 5 of the Application Form <i>(see “Points to Note for Completing the Application Form” on page v of the Application Notes)</i>
2	Notarized Copy of Hong Kong Identity Card/Passport <i>(see paragraph 2.1 of the Application Notes)</i>
3	Notarized Copy of Nursing Graduation Certificate <i>(see paragraph 2.1 of the Application Notes)</i>
4	Notarized Copy of Registration / Enrolment Certificate <i>(see paragraph 2.1 of the Application Notes)</i>
5	Notarized Copy of Certificate to Practise Nursing/Practising Certificate <i>(see paragraph 2.1 of the Application Notes)</i>
<b>Please request your <u>Training Institute(s)</u> to send the following documents to the Council <u>direct</u> in an official and sealed envelope of the Training Institute(s)</b>	
1	Original Transcript with detailed breakdowns of theoretical and clinical training of each subject <i>(see paragraph 2.2 of the Application Notes)</i>
2	Verification of Training Details (i.e. Pages 6 to 9 of the Application Form) <i>(see paragraph 2.2 of the Application Notes)</i>
<b>Please request the <u>Registration Authority</u> to send the following document to the Council <u>direct</u> in an official and sealed envelope of the Registration Authority:</b>	
1	Verification of Original Registration (i.e. Page 10 of the Application Form) <i>(see paragraph 2.3 of the Application Notes)</i>

Updated in January 2022

**THE NURSING COUNCIL OF HONG KONG**  
**APPLICATION FORM FOR NURSES (General) TRAINED**  
**OUTSIDE HONG KONG**

**for registration/enrolment under the Nurses Registration Ordinance, Cap. 164**

This application form must be submitted by **post or hand delivery** to the Secretariat of the Nursing Council of Hong Kong at 1/F, Shun Feng International Centre, 182 Queen's Road East, Wanchai, Hong Kong. Submission by facsimile or email is NOT accepted.

- (Note: 1. Please read the **Application Notes** and **Points to Note for Completing the Application Form** carefully.  
2. Please fill in this form in print or typed letters.  
\* Please only put ONE tick in the boxes provided as appropriate.  
^ Please delete as inappropriate.  
# If you submit the application in person, please bring the originals and photocopies of your Hong Kong Identity Card / Passport, nursing graduation certificate, registration/enrolment certificate and valid certificate to practise nursing to the Council Secretariat for verification. The original documents will be returned immediately after verification of the photocopies submitted. If you submit the application by post, please send true copies of these documents, duly legalized/authenticated by notarization, to the Council Secretariat. Submission by fax or email will not be accepted.)

1. (a) I hereby apply for my name to be entered upon the Register of Nurses /Roll of Enrolled Nurses maintained by the Nursing Council of Hong Kong ("the Council")\*:

- Registered General Nurse  
 Enrolled General Nurse

- (b) Do you have any previous application with the Council\*?

- Yes (*please complete items (c) and (d) below*)  
 No (*please proceed to Parts 2 to 7*)

- (c) Please specify the date of previous application: \_\_\_\_\_ (DD/MM/YY)

- (d) Were you approved to sit for the examination of the Council in previous application\*?

- Yes (*please complete item (e) below*)  
 No (*please complete Parts 2 to 7*)

- (e) Please specify the number of examination(s) that you have attended:-

Written examination: \_\_\_\_\_(times)

Practical examination: \_\_\_\_\_(times)

2. My particulars are as follows:

**A. Personal Particulars**

Surname \_\_\_\_\_ Maiden name \_\_\_\_\_

Forenames \_\_\_\_\_ Sex \_\_\_\_\_

Name in Chinese characters (if any) \_\_\_\_\_



Date of birth (DD/MM/YY) \_\_\_\_\_

Marital Status: Married / Single / Others^ (please specify) \_\_\_\_\_

Hong Kong Identity Card / Passport No^ # \_\_\_\_\_

Correspondence address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact tel. no. (preferably in Hong Kong) \_\_\_\_\_ Fax no. \_\_\_\_\_

Email address (if any) \_\_\_\_\_

**B. Record of general education**

Secondary schools attended	Form / grade (month / year)	Public exam (year completed)	Subjects passed

**C. Nursing education**

School / College of Nursing (name and address)	Name of the Nursing Programme	Training Period	
		From (DD/MM/YY)	To (DD/MM/YY)

**D. Professional nursing qualifications**

Title	Registration / enrolment / licensing authority	Registration / enrolment number	Year obtained
e.g. Registered Nurse (General)	Australian Health Practitioner Regulation Agency	NMW000XXXXXX	2008

**E. Nursing experience since registration/enrolment**

**Please give details of post-registration/enrolment nursing experience, e.g. medical, surgical, gynaecological, sick children, etc.**

Name and address of hospital(s)	Working Period		Position held	Nature of work
	From (DD/MM/YY)	To (DD/MM/YY)		

3. I enclose originals and photocopies or notarized copies<sup>#</sup> of the following:

- Please tick
- (a) Nursing graduation certificate
  - (b) Hong Kong Identity Card/Passport
  - (c) Valid certificate to practise nursing from local registration/enrolment authority or other equivalent documentary evidence of entitlement to practise nursing outside Hong Kong
  - (d) Registration/Enrolment certificate

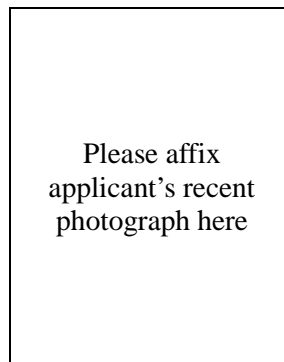
4. Testimonial(s) from employer(s) certifying my nursing practice as indicated in this application form is/are provided on an optional basis to facilitate the Council's consideration of my application.
5. I am prepared to pay the registration/enrolment and examination fees required by the Council, sit for the Licensing Examination and fulfill other requirements as specified by the Council, in the event of my application being approved.
6. I agree to provide a "statutory declaration" to verify that the names in the documents that the Council received for my application if the name appeared differently on my submitted documents.

**7. Declaration**

I declare that the information given by me on pages 1 to 4 of this application form is true to the best of my knowledge.

*Note: According to section 17 of the Nurses Registration Ordinance, Cap. 164, Laws of Hong Kong, if, after due inquiry, the Council is satisfied that any registered nurse or any enrolled nurse has obtained registration or enrolment by fraud or misrepresentation, the Council, in its discretion, may order that:-*

- (i) the name of the registered nurse or enrolled nurse be removed from the register or roll;*
- (ii) the name of the registered nurse or enrolled nurse be removed from the register or roll for a specified period; or*
- (iii) such registered nurse or enrolled nurse be reprimanded.*



Signature of applicant:

\_\_\_\_\_

Name of applicant:

\_\_\_\_\_

(English)

\_\_\_\_\_

(Chinese)

Date (DD/MM/YY)

\_\_\_\_\_

To: The Secretary  
Nursing Council of Hong Kong  
1/F, Shun Feng International Centre  
182 Queen's Road East  
Wanchai  
Hong Kong

## TESTIMONIAL AS TO CHARACTER

I hereby state that I am not a family member or relative of \_\_\_\_\_  
(name of the applicant). I certify that I have known \_\_\_\_\_ (name of  
the applicant) personally for \_\_\_\_\_ years and that \*he / she is of good moral character.

REMARKS (if any):

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(in Block Letter)

\* Hong Kong Identity Card /  
Passport No. <sup>[Note 1]</sup>: \_\_\_\_\_

Correspondence  
address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Date (DD/MM/YY) <sup>[Note 2]</sup>: \_\_\_\_\_

\* Delete whichever is inapplicable.

*Note 1: The Hong Kong Identity Card / Passport number must be provided in full. Otherwise, the "Testimonial as to Character" will be regarded as invalid.*

*Note 2: The date of the "Testimonial as to Character" must be within 1 month from the date of the application form.*

*Note 3: The "Testimonial as to Character" must be completed by a person who is not a family member or relative of the applicant and has known the applicant personally for at least 12 months.*

**VERIFICATION OF TRAINING DETAILS  
(GENERAL NURSING)**

**(to be completed by School Principal / Course Leader of Nursing School / Training Institute<sup>Note 1</sup>)**

To: The Secretary, Nursing Council of Hong Kong  
1/F, Shun Feng International Centre  
182 Queen's Road East  
Wanchai, Hong Kong

Note 1: Please fill in this form in print or typed letters in ENGLISH / Chinese.

Name of Student : (Surname) \_\_\_\_\_ (Maiden Name) \_\_\_\_\_  
(Forenames) \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name and Address of School : \_\_\_\_\_

Name of the Nursing Programme : \_\_\_\_\_

Duration : \_\_\_\_\_ years

Commencement Date : \_\_\_\_\_ (DD/MM/YY)

Completion Date: \_\_\_\_\_ (DD/MM/YY)

\*Mode of Study : Full-time  Part-time   
Distance Learning  Others  \_\_\_\_\_ (please specify)

\* Please put a "✓" in the appropriate box.

**Record of Theoretical Instruction Hours (Including Laboratory Hours)**

Subject Areas	Hours
1. Concepts of Health / Health Care including: ● Primary Health Care ● Health Care Delivery System ● Personal & Communal Health / Personal & Community Health	
<b>Total :</b>	
2. Social and Behavioural Sciences – ● Psychology (including Spiritual Aspects) ● Sociology	
<b>Total :</b>	

Subject Areas	Hours
3. Biological / Integrated Sciences: <ul style="list-style-type: none"> <li>● Anatomy &amp; Physiology, Growth &amp; Development</li> <li>● Microbiology</li> <li>● Pharmacology</li> <li>● Nutrition &amp; Dietetics</li> </ul>	
<b>Total :</b>	
4. Professional Nursing: <ul style="list-style-type: none"> <li>● History of Nursing</li> <li>● Philosophy and Nursing Theories / Models</li> <li>● Ethics and Professional Issues</li> <li>● Legal Aspects</li> <li>● Nursing Research</li> </ul>	
<b>Total :</b>	
5. Principles & Practice of Nursing: <ul style="list-style-type: none"> <li>● Basic Nursing Skills</li> <li>● First Aid / Emergency Nursing</li> <li>● Introduction to Operation Theatre / Anaesthesiological Nursing</li> <li>● Illness prevention and health restoration of clients with alteration in various body system functions, including :                             <ul style="list-style-type: none"> <li>- Preventive / Promotive / Rehabilitative Care</li> <li>- Nursing Process and Nursing Diagnosis</li> <li>- Health Assessment</li> <li>- Medical, Surgical Nursing</li> <li>- Radiotherapy, Physiotherapy, Occupational and Speech Therapy</li> <li>- Introduction to Oncology and Hospice Care</li> <li>- Health Teaching / Learning, Patient Education</li> </ul> </li> <li>● Child Health / Paediatric and Adolescent Nursing</li> <li>● Modern Chinese Medicine Nursing / Complementary Alternative Medicines</li> </ul>	
<b>Total :</b>	
6. Specialty Nursing: <ul style="list-style-type: none"> <li>● Obstetric Nursing</li> <li>● Elderly Health Nursing</li> <li>● Community Nursing</li> <li>● Psychiatric Nursing</li> </ul>	
<b>Total :</b>	

<b>Subject Areas</b>	<b>Hours</b>
7. Introduction to Nursing Management including: <ul style="list-style-type: none"> <li>● Principles of Management</li> <li>● Decision Making &amp; Problem Solving</li> <li>● Planning and Organization, Introduction to Ward Management &amp; Hospital Administration</li> <li>● Leadership</li> <li>● Interpersonal Skills</li> <li>● Communication Skills</li> <li>● Preparation for the Roles of Nurses &amp; Nurse Managers</li> <li>● Health Informatics</li> </ul>	
<b>Total :</b>	
<b>Grand Total</b>	

**Record of Clinical Experience**

<b>Specialty</b>	<b>Hours</b>
1. Medical Nursing (General Medicine, Dermatology, Infectious Disease, Oncology and Hospice Nursing)	
2. Surgical Nursing (General Surgery, Anaesthesiology, Neurosurgery, Cardiothoracic Surgery, Gynaecology, Ophthalmology, ENT, Orthopaedic, Traumatology, Operation Theatre & Recovery Room)	
3. Paediatric and Adolescent Nursing	
4. Specialty Nursing : <ul style="list-style-type: none"> <li>● Obstetric Nursing</li> <li>● Gerontological Nursing</li> <li>● Community Nursing</li> <li>● Psychiatric Nursing</li> </ul>	
5. Accident & Emergency Nursing	
6. General Out-patient Service	
<b>Grand Total</b>	

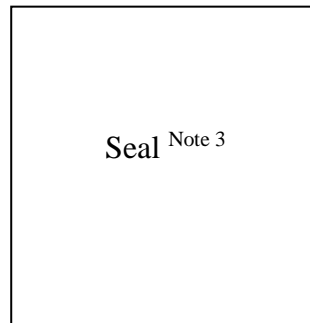
I confirm that the applicant has completed the required period of training in this country / state, passed all parts of the examination to qualify for registration / enrolment, if so required, and the above record is correct.

Signature of School Principal / Course Leader <sup>Note 2</sup>: \_\_\_\_\_

Full name in block letter <sup>Note 2</sup>: \_\_\_\_\_

Date (DD/MM/YY): \_\_\_\_\_

Please stamp official seal of the school in the space provided



**Remarks:**

Please send the following documents together with the duly completed form in an official and sealed envelope of your training institute DIRECTLY to the SECRETARY, NURSING COUNCIL OF HONG KONG:

- (a) Full original transcript (including the course code, full name of the subject, grade / result of each subject attended) in English / Chinese or in other languages with an official/certified ENGLISH translation; and
- (b) Record of a detailed breakdown in the **“theoretical training in clock hours and practical experience in clock hours or weeks of each subject”** (if in weeks, the number of hours per week should be stated).

Note 2: Signature and full name of the School Principal / Course Leader must be provided. Otherwise, the “Verification of Training Details” will be regarded as invalid.

Note 3: Official seal of the school must be provided. Otherwise, the “Verification of Training Details” will be regarded as invalid.



**VERIFICATION OF ORIGINAL REGISTRATION OUTSIDE HONG KONG**

To: The Secretary  
Nursing Council of Hong Kong  
1/F, Shun Feng International Centre  
182 Queen's Road East  
Wanchai, Hong Kong

*INSTRUCTIONS TO APPLICANT*

Please send this document to the Registration Authority which issued your Original Registration / Enrolment Certificate (outside Hong Kong) for completion. You may be required to pay a fee to the Authority for the service you request.

**TO BE COMPLETED BY AN OFFICER OF THE REGISTRATION AUTHORITY (in BLOCK letters)**

Please confirm the Registration details of the nurse sending you this form by filling in the space provided. After completion, please stamp the official seal of your Registration Authority in the space provided below and send this form to the Nursing Council of Hong Kong **direct** at the address given above in an official and sealed envelope of your Registration Authority. Otherwise, the form will be regarded as invalid.

Full name of the applicant: Surname: \_\_\_\_\_ Maiden: \_\_\_\_\_  
Forenames: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of Registration Authority: \_\_\_\_\_

Address of Registration Authority: \_\_\_\_\_  
\_\_\_\_\_

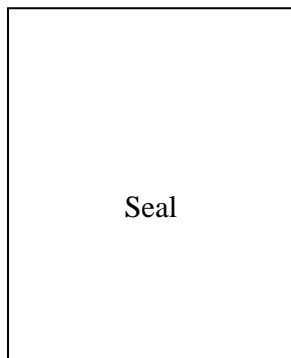
Registration No.: \_\_\_\_\_ Date of Initial Registration: \_\_\_\_\_  
(DD/MM/YY)

Expiry date of the Practising Certificate: \_\_\_\_\_

Part under which the registration was granted (if applicable): \_\_\_\_\_

I confirm that the registration of the above-named applicant **\*is / is not** currently valid.

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



Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(in block letters)

Capacity in Registration Authority: \_\_\_\_\_

Date (DD/MM/YY): \_\_\_\_\_

\* Delete whichever is inappropriate  
Please stamp official seal of Registration Authority in the space provided.