

MIDWIVES COUNCIL OF HONG KONG
APPLICATION FOR EXAMINATION
(FOR MIDWIVES TRAINED IN HONG KONG)

(A) Personal Particulars of Applicant

1. Full name (as shown on the Hong Kong Identity Card / Passport):
(a) in English _____ (b) in Chinese _____
2. Hong Kong Identity Card / Passport No.*: _____
3. Date of Birth (DD/MM/YYYY) : _____
4. Name of Training School: _____
5. Correspondence Address in Hong Kong: _____

6. Personal Email Address: _____ 7. Mobile Phone No.: _____
8. I have / have not* previously sat for the Council Examination. If yes, please provide the following information:
I have sat for the Examination in _____ (month) _____ (year).
9. Selected language for the examination *: _____ Chinese/Cantonese _____ or _____ English _____

Signature of Applicant: _____

Date: _____

(DD/MM/YYYY)

(B) Eligibility to sit for the Council Examination *(to be completed by the person-in-charge of the training school)*

We hereby affirm that _____ should fulfill the Council's training requirements as laid down in Section 10 of the Midwives (Registration and Disciplinary Procedure) Regulation (Cap. 162C) before the examination, and therefore she will be eligible to take the Council Examination pursuant to section 11(4) of the said Regulation.

Person-in-charge of the training school: _____

(Signature)

(Name in block letters)

(Position)

Name of training school _____

with school chop: _____

Date: _____

(DD/MM/YYYY)

PERSONAL INFORMATION 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
5/F, High Block, Queensway Government Offices
66 Queensway, Hong Kong
Tel. : 2527 8351
Fax : 2527 2277