

**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)