# MIDWIVES COUNCIL OF HONG KONG APPLICATION FOR TRAINING IN MIDWIFERY

## (A) Personal Particulars of Applicant

1.	Full Name (as shown on the Hong Kong Identity Card / Passport):		
	(a) in English (b	o) 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.	My name is / is not* on the Register of Nurses of the Nursing Council of Hong Kong. If yes, please provide the following information:		
	My registration number is	(Copy of the registration certificate should be attached)	
7.	I declare that I have attained such educational qualifications as the Midwives Council of Hong Kong has specified		
8.	I hereby attach the completed "References as to Character" in support of my application for training in midwif		
	Signature of App	plicant:	
		Date:	
		(DD/MM/YYYY)	
<b>(B)</b>	Eligibility to undergo midwifery training (to be com		
	We hereby certify that	has been found suitable under Section 9	
	of the Midwives (Registration and Disciplinary Proceed	lure) Regulation (Cap. 162C) to commence midwifery	
	training on (DD	/MM/YYYY) .	
	Person-in-charge of the training s		
		(Signature)	
		(Name in block letters)	
		(Position)	
	Name of training so	` ,	
	with school	l chop:	
		Date:	
Ple	ase delete where inappropriate	(DD/MM/YYYY)	

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## **REFERENCES AS TO CHARACTER**

(To be completed by a person, not being a relative of the applicant, who has known the applicant for at least 12 months)

I hereby state that I am <i>not</i> a relative of	·
I certify that I have known him/her* personally for	year(s), and that
he/she* is of good moral character.	
Remarks (if any):	
Signature:	
	(Name in block letters)
Hong Kong Identity Card / Passport No.* Note:	
Address:	
_	
_	
Occupation:	
Date:	
_	(DD/MM/YYYY)

Note: The Hong Kong Identity Card / Passport No. must be provided in full. Otherwise, the "References as to Character" will be regarded as invalid.

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<sup>\*</sup> Please delete where inappropriate

### 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

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