THE NURSING COUNCIL OF HONG KONG APPLICATION FOR RECOGNITION AS AN ADVANCED PRACTICE NURSE

Note 1: Note 2: Note 3:	of Hong Kor Any amendn Applicants v of notification setting out a	ng ("the (nents ma whose ap on by the letails of	Council de shou plicatio employ the rea	") may not be able ld be initialed by to ns are not support vers. Such applicat	to proce he respe ed by th tions for umendin	not provide sufficient inf ess your application for re ective person, i.e., the per eir employers may appea appeal should be submit g the applications, and fi	cognition son who all to the tted with	n as an advan has made the Council in 30 a a letter issue	nced practice re e amendments I days upon re ed by the empl	iurse. eceipt loyers
A. To	be filled in	by the	applic	<u>ant</u>						
I, (*Mr/N	Is/Miss/Mrs	s/Dr)				hinese (if applicable) mus				s)
holder of	`*Hong Kor	ng Iden	tity Ca	rd No./Passport	No		•••••			·····,
a Hong K	Cong Registe	ered Nı	ırse			registered	on			,
				(Registration N	Vo.)	_		(Date of F	Registration)	
Tel. No.				and E-mail ad	dress .					
	oply for recomployer:	ognitio	n as ar	advanced prac	tice nu	arse in the following	specia	lty^ with th	e Council v	via my
Cardiac	Nursing		Prim	munity, ary and Public th Nursing		Critical Care Nursing		Education Research Nursing		
Emerge Nursing	ency Care		Gero Nurs	ntology ing		Gynaecology Nursing		Infection (Nursing	Control in	
Manage Nursing	ement in		Medi	cal Nursing		Mental Health Nursing		Oncology	Nursing	
Orthopa Nursing			Paed	iatric Nursing		Perioperative and Anaesthesia Nursing		Surgical N	Vursing	
^ Plea	ase only put (ONE tici	k in the	boxes provided o	as appr	opriate.		I		
	• •		•			cumentary support to	facilita	ate the appl	ication:	
			emic (Qualifications, it				Training	Deriod	
Training Institution (name and address)		Title of the Programme		Training Period From To						
,							(Moı	nth/Year)	(Month/Y	ear)

Note: Applicants may be required to provide documentary proof on qualification assessment conducted by the Hong Kong Council for Accreditation of Academic and Vocational Qualifications at their own cost.

^{*} Delete whichever is inapplicable.

(ii) Post-registration Related Training Institution		ritle of the Programme			service training), if applicable training? Training Period		
(name and address)		Three of the Fregramme		From (Month/Year)		To (Month/Year)	
L							
(iii) Hong Kong Academy	of Nursing's Fello	wship (or	equivalent), if applic	able <u>Not</u>	<u>е с</u> :		
Organisation	Specialt	У	Fellow Number	er	Yes	ar obtained	
(iv) Post-registration Clinica (the most recent four ye	-	the Releva	nt Specialty Area In	nmediat	tely Prior t	to the Application	
Working Institution /		Specialty			Employment Period		
Hospital (name and address)	_	(The specialty you apply for out of the 16 specialties under the Scheme)			rom th/Year)	To (Month/Year)	
(Hairie and address)	10 spec	ciaines uno	iei the Scheme)	(IVIOII	illi/ i eai j	(Month/Hear)	
			Total:		years	month(s)	
(v) Total Number of Years	of Post-registration	on Clinical	Experience:				
I enclose herewith the follow	ving documents to	support n	ny application via my	y currer	nt employe	r:	
	_					Please tick	
(a) a true copy of graduat	ion certificate / tr	anscripts o	f studies of a Clinica	1 Maste	r in Nursir	ng /	
Health Science in the r	elated specialty, o	r a Master	degree in health relat	ed strea	ım, and wh	ere	
applicable, a true cop							
Council for Accredit	ation of Academ	ic and Vo	cational Qualification	ons, cei	tified by	my	
current employer;							

		Please tick
<i>(b)</i>	a true copy of proof of completion of the training programme, i.e. Post-registration Certificate Course ("PRCC") / Hospital Authority's Specialty Nurse Recognition Scheme Certificate / recognised in-service training for at least 80 hours, certified by my current employer, if any;	
(c)	a true copy of diploma of fellowship of the Hong Kong Academy of Nursing ("HKAN") certified by the HKAN / my current employer, if any;	
(d)	original and/or true copy of documentary proof(s) certifying that I possessed six years of full time post-registration nursing experience immediately prior to my application in which at least the most recent four years must be serving in the related specialty area, issued and/or certified by my employer(s); and	
(e)	an original declaration form completed not more than six months before the application for recognition.	

Declaration

I declare that the above information given by me is true and accurate to the best of my knowledge. I hereby
authorise my current employer to submit the application to the Council on my behalf. I also authorise the Council
to verify the information given in this form and the enclosed documents in any manner as it deems fit and obtain
relevant information from relevant organisations or persons.

	Signature of Applicant
Date:	
	(DD/MM/YYYY)

B. To be filled in by the current employer

I certify that I have **personally** checked the personal particulars, the post-registration academic and professional qualifications and the post-registration clinical experience in the relevant specialty area together with the supporting documents provided in the application form.

Signature:	
Name:	
Name of organisation:	
Position:	
Tel No.:	
Date:	

(Last updated in December 2021)

DECLARATION FORM

I declare that:

- (a) I have / have not* been convicted of any offence punishable with imprisonment in Hong Kong or elsewhere.
- (b) there are / are no* criminal proceedings in progress against me in Hong Kong or elsewhere. [Note 3]
- (c) I have / have not* been found guilty of unprofessional conduct in place(s) outside Hong Kong. [Note 1]
- (d) there are / are no* professional disciplinary proceedings in progress against me in place(s) outside Hong Kong.

 [Note 3]

In the event of any change in the accuracy of the declarations made in paragraphs (a) to (d) above, following my conviction of any offence punishable with imprisonment in Hong Kong or elsewhere, commencement of any criminal proceedings against me in Hong Kong or elsewhere, being found guilty of any unprofessional conduct in place(s) outside Hong Kong and/or commencement of any professional disciplinary proceedings against me in place(s) outside Hong Kong subsequent to the completion of the Declaration Form, I undertake to notify and to update the Secretary of the Nursing Council of Hong Kong with the same as soon as it is practicable and with no delay.

Signature of applicant:			
Name of applicant:			
<u> </u>	(English)	(Chinese)	
Correspondence address			
of applicant:			
Contact tel. no. (preferably	· 11 17)		
Email address (if any):			
Simultana afanita ana			
Name of witness:			
	(English)	(Chinese)	
Correspondence address			
of witness:			
Telephone no. of witness (preferably in Hong Ko	ong):	
Date of Declaration (DD/N	/M/YYYY) [Note 4]:		

- *Note 1 : If it is in the affirmative, full details must be attached.*
- Note 2: No exemption will be granted under the Rehabilitation of Offenders Ordinance (Cap. 297). I am therefore required to make such a declaration in any circumstances.
- *Note 3*: *If there are any such proceedings, full details must be attached.*
- Note 4: The date of declaration must not be more than six months before the application for recognition is received by the Nursing Council of Hong Kong, otherwise, it will be regarded as invalid.
- Note 5: Any amendments made should be initialed by the respective person, i.e., the person who has made the amendments.

^{*} Delete whichever is inapplicable.

PERSONAL DATA COLLECTION STATEMENT

Purpose of Collection

The personal data you provided to the Nursing Council of Hong Kong are for the purpose of the application you are currently making only. If you do not provide the requested information, the Nursing

Council of Hong Kong may turn down your application.

Classes of Transferees

2. The personal data you provided are mainly for use within the Nursing Council of Hong Kong but

they may also be disclosed to other Government bureaux, departments, agencies or authorities in connection with the purpose mentioned above, if necessary. Moreover, some or all of these data may be subject to public inspection for verification. 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 in accordance with the Personal Data (Privacy)

Ordinance (Cap. 486, Laws of Hong Kong). Please notify the Nursing 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, Nursing Council of Hong Kong

1/F, Shun Feng International Centre

182 Queen's Road East

Wan Chai, Hong Kong

Tel. : 2527 8334

Fax : 2527 2277

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