**Nursing Council of Hong Kong**

**Application for Exemption of Clinical Hours of Conversion Programme of**

**Enrolled Nurse to Registered Nurse**

To : Secretary, Nursing Council of Hong Kong

(Email : [nc@dh.gov.hk](mailto:nc@dh.gov.hk))

Name of the Training Programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following students have fulfilled the requirements of exemption of clinical hours as stipulated in ‘A Reference Guide to the Syllabus of Subjects and Requirements for the Preparation of Registered Nurse (General) in the Hong Kong Special Administrative Region (June 2016)’ (“the Syllabus”) of the Nursing Council of Hong Kong:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name of student  (as shown on HKID card) | HKID Number/ Student Number\* | Nursing Council  Enrolment Number | Date of commencement of clinical training | Duration of aggregated post-enrolment experience | Nature of aggregated post-enrolment experience in providing basic nursing care experience | Number of clinical hours exempted |
| 1 | e.g. Mr CHAN Tai-man | A123 | ENG1234567 | 05/09/13 | 3 years 2 months | * surgical * medical | 200 |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |

The following students have applied for exemption of clinical hours, but **NOT** recommended by the School:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name of student  (as shown on HKID card) | HKID Number/ Student Number\* | Nursing Council  Enrolment Number | Date of commencement of clinical training | Duration of aggregated post-enrolment experience | | Nature of aggregated post-enrolment experience in providing basic nursing care experience |
| 1 |  |  |  |  | |  |  |
| 2 |  |  |  |  | |  |  |
| 3 |  |  |  |  | |  |  |

Name of Head of School : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Head of School :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (dd/mm/yy) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Please delete where appropriate and the first four digits will suffice.

# This application has to be submitted to the Nursing Council of Hong Kong six months before commencement of the first clinical placement.

Note: A maximum of 200 hours on clinical practice requirement for Registered Nurse training as stipulated in the Syllabus can be exempted on condition that he/she must have **an aggregate of at least one year post-enrolment experience in providing basic nursing care** in clinical settings at least six months before the commencement of such clinical practice.