

**MIDWIVES REGISTRATION ORDINANCE, CAP. 162**  
**MIDWIVES (REGISTRATION & DISCIPLINARY PROCEDURE) REGULATIONS, CAP. 162**  
**Application for Registration from Midwife trained outside Hong Kong**

I hereby apply for Registration as a Midwife.

1. My personal particulars are as follows:

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Name in Chinese (if any) \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) Nationality \_\_\_\_\_

Hong Kong Identity Card No. \_\_\_\_\_ Passport No. (if the applicant does not hold a

Hong Kong Identity Card) \_\_\_\_\_ issued by \_\_\_\_\_ (country/region)

Correspondence address (preferably in Hong Kong) \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_ Tel No. in Hong Kong (if any) \_\_\_\_\_

Present Occupation \_\_\_\_\_ Employer & Address \_\_\_\_\_

\_\_\_\_\_

2. Details of my training are as follows:

(A) Basic Nursing Training (if any)

Name and address of Hospital/Institution	Period of Training	
	From (Day/Month/Year)	To (Day/Month/Year)

(B) Midwifery Training

Name and address of School of Midwifery	Period of Training	
	From (Day/Month/Year)	To (Day/Month/Year)

3. I have registered with the following body/bodies for the practice of midwifery:

Title	Registration Body	Registration Number	Year

4. I have practised as a registered midwife as follows <sup>Note:</sup>

Name and Address of Hospital	Post	Period (From Day/Month/Year to Day/Month/Year)

***Note:** The applicant may be required to submit testimonial(s) issued by the employer(s) verifying his/her post-registration midwifery experience in specific area(s). If such testimonial(s) is/are required, the applicant will be informed individually.*

5. I enclose the following documentary proof: -

- (a) An original copy of the Testimonial as to Character on page 4 of this application form;
- \*(b) A copy of my certificate of registration valid to date;
- \*(c) A copy of my practising certificate / other equivalent documentary evidence of entitlement to practise midwifery issued by the registration authority outside Hong Kong;
- \*(d) A copy/copies of my graduation certificate of my midwifery education and nursing education (if any);
- \*(e) A copy of my Hong Kong Identity Card / Passport (if the applicant does not hold a Hong Kong Identity Card);
- (f) Two unmounted copies of my recent photograph;
- (g) A record book of cases attended by me during my midwifery training, if available.

**\* If the application is submitted by post, notarized copies of items 5(b) - (e) should be submitted along with the application form. If the application is submitted in person, notarized copies / originals and photocopies of items 5(b) - (e) must be submitted to the Midwives Council of Hong Kong. The originals will be returned to the applicant after verification.**

6. This is my \_\_\_\_\_ application for registration with the Midwives Council of Hong Kong. The date(s) of my previous application(s) for registration as a midwife is/are:

\_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

\_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

\_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

7. **Please specify the selected language for the examination:**  
*(Please only choose ONE language by putting a tick in the appropriate box)*

Chinese/Cantonese

English

8. **Declaration (Please see paragraph 9 of the Application Notes)**

I declare that the information given by me on pages 1 to 3 of this application form is true to the best of my knowledge.

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Signature of Applicant

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Name of Applicant

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Date (Day/Month/Year)

To: The Secretary  
Midwives Council of Hong Kong  
1/F, Shun Feng International Centre  
182 Queen's Road East  
Wan Chai  
Hong Kong

**TESTIMONIAL AS TO CHARACTER**

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

I hereby state that I am not a relative of \_\_\_\_\_ (name of applicant)  
I certify that I have known \_\_\_\_\_ (name of applicant)  
personally for \_\_\_\_\_ years and that he / she is of  
good character.

REMARKS (if any) : —

Signature \_\_\_\_\_

Name \_\_\_\_\_  
(in Block Letters)

Hong Kong Identity Card No. \* \_\_\_\_\_  
Passport No. (if no Hong  
Kong Identity Card)\* \_\_\_\_\_ issued by \_\_\_\_\_  
(country/region)

Address \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

Date \_\_\_\_\_ (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

\* Each alphabet and digit of the Hong Kong Identity Card / Passport number must be provided. Otherwise the "Testimonial as to Character" will be regarded as invalid.

**VERIFICATION OF TRAINING DETAILS**  
**The Midwives Council of Hong Kong**

To: The Secretary  
Midwives Council of Hong Kong 1/F, Shun Feng International Centre  
182 Queen's Road East, Wan Chai, Hong Kong

- Note: (1) This form should be completed by the Head of Midwifery Training School and returned **in a sealed and official envelope of the training institute DIRECT** to the **SECRETARY, MIDWIVES COUNCIL OF HONG KONG.**
- (2) Please fill in this form in print or typed letters.

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Surname of Applicant \_\_\_\_\_ Given Names \_\_\_\_\_

Name in Chinese (if any) \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

Name of School of Midwifery and Hospital \_\_\_\_\_  
\_\_\_\_\_ in the city of \_\_\_\_\_

Date of Training : Commencement \_\_\_\_\_ (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)  
Completion \_\_\_\_\_ (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

**RECORDS OF TRAINING**

**Please attach the transcript of the applicant (in ENGLISH or CHINESE) with breakdown of the theoretical and clinical training details and duration (in clock hours or weeks) of each subject. If the transcript is in other languages, official/certified translation in English must be provided simultaneously by the training school.**

A.	Theoretical training : Lectures and demonstrations in midwifery attended:		Hours
B.	Clinical training :		
	1. Antenatal ward/Antenatal day care centre		Weeks*
	2. Labour ward		Weeks*
	3. Postnatal ward		Weeks*
	4. Neonatal unit		Weeks*
C.	5. Clinics (antenatal, postnatal) or community health centre including maternal and child health centre		Weeks*
	Clinical experience during training:		
	1. Number of antenatal examinations on pregnant women conducted		
	2. Number of deliveries personally conducted		
	3. Number of postnatal women and their infants taken care of		
	4. Number of women at risk in pregnancy, or labour, or postnatal period supervised and taken care of		

**\* Please convert the training hours into weeks. One Week is equivalent to 39 hours.**

I confirm that the applicant has completed the required period of training in this country/state and passed all parts of the examination to qualify for midwife registration.

<p>Seal</p> <p><i>(Please stamp official seal of the School/Hospital in the space provided)</i></p>	Signature	_____
	Full Name	_____ (in Block Letters)
	Position	_____
	Date	_____ (Day) _____ (Month) _____ (Year)

**VERIFICATION OF ORIGINAL MIDWIFE REGISTRATION**  
**The Midwives Council of Hong Kong**

To: The Secretary  
Midwives Council of Hong Kong 1/F, Shun Feng International Centre  
182 Queen's Road East, Wan Chai, Hong Kong

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**INSTRUCTIONS TO APPLICANT**

Please send this document to the Registration Authority which issued your Original Registration Certificate for completion. The Registration Authority may require a fee for the service you request. You are required to fill in all details under **PART A** below before sending this form to the Registration Authority. If you have been / are registered as a midwife with more than one Registration Authority, please send the form to ALL Registration Authorities for completion.

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**PART A - TO BE COMPLETED BY THE APPLICANT** (in **BLOCK** letters)

Full name of the applicant \_\_\_\_\_

Registration Authority \_\_\_\_\_

Address of Registration Authority \_\_\_\_\_

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Registration No. \_\_\_\_\_ Date of Registration \_\_\_\_\_  
(Day/Month/Year)

Part under which the registration was granted (if applicable) \_\_\_\_\_

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**PART B - TO BE COMPLETED BY AN OFFICER OF THE REGISTRATION AUTHORITY**  
(REQUEST TO REGISTRATION AUTHORITY : Please confirm the Registration details of the Midwife sending you this form by filling in the space provided. After completion, **please send this form in a sealed and official envelope of the registration authority** *DIRECT* to the Secretary, Midwives Council of Hong Kong at the address given above.)

I confirm that the midwife named above has correctly recorded the details of her/his registration with our Council/Board and this registration **is / is not\*** currently valid.

If her/his registration is not currently valid, please state the reason(s):

Seal

*(Please stamp official seal of the Registration Authority in the space provided)*

Signature \_\_\_\_\_

Full Name \_\_\_\_\_  
(in Block Letters)

Position in Registration Authority \_\_\_\_\_

Date \_\_\_\_\_ (Day) (Month) (Year)

\*Delete whichever is inappropriate.

## Application Notes

- 1) The application will not be processed until receipt of all supporting documents. Please note that on average the applicant would take 3 to 4 months' time to have the forms of Verification of Training Details/Verification of Original Midwife Registration being completed by the training school/registration authorities concerned. Further, the Midwives Council of Hong Kong ("the Council") will assess the application only when all required documents are provided and found in order. Clarifications/supplementary proof may be required if the provided information is unclear or inadequate. You should take this into account if you are intending to take up employment as a registered midwife in Hong Kong. At the time of application, an applicant cannot be assured of gaining registration with the Council.
- 2) If the documentary proof is in language other than English or Chinese, the official/certified translation in English issued by the issuing school/Registration Authority of the documents must be provided simultaneously.
- 3) In addition to the documentary proof as required in the application form, the applicants may also be required to submit supplementary proof about their registration, midwifery training and/or post-registration midwifery practice.
- 4) The Council does not operate a system of reciprocal registration but assess each application on an individual basis with regard to the length and contents of theoretical and clinical training of the applicant. The Council will usually require the eligible applicant to prove her competency in midwifery by examination conducted by examiners appointed by the Council and, if required, may ask the eligible applicant to undergo further training as the Council may specify before granting registration.
- 5) The examination will usually be held in April and October each year. While applications are processed all year around, the applicants will only be:
  - (i) informed of their eligibility to sit for the examination to be held in April of the current year if the applications and all the required documentary proof are received by the Council by end of September of the previous year; or
  - (ii) informed of their eligibility to sit for the examination to be held in October of the current year if the applications and all the required documentary proof are received by the Council by end of March of the current year.
- 6) The "Information to Applicants Applying for Registration with the Midwives Council of Hong Kong", "Instructions to Candidates for Midwives Council Examination" and "Past Examination Papers" can be downloaded from the website of the Council at [www.mwchk.org.hk](http://www.mwchk.org.hk).
- 7) The Council is unable to assist with employment issues.
- 8) **Before mailing your application form, check to ensure that the form is duly completed and notarized copies of the necessary/required documents are enclosed. Missing and/or irrelevant documents and information will delay processing of your application. If you submit the application in person, please enclose the photocopies of the necessary/required documents and bring along the originals of the documents to the Council for verification.**



- 9) According to section 10 of the Midwives Registration Ordinance, Cap. 162, Laws of Hong Kong, if after due inquiry, the Council is satisfied that any registered midwife has obtained registration by fraud or misrepresentation, the Council, in its discretion, may: -
- (i) make an order that the name of such midwife be removed from the register;
  - (ii) make an order that the name of such midwife be removed from the register for such specified period as it may think fit;
  - (iii) make an order that such midwife be reprimanded; or
  - (iv) make any other order imposing a condition on the registered midwife with respect to the practice of midwifery.
- 10) Enquiries concerning the application should be made to

Address: The Secretary, Midwives Council of Hong Kong  
1/F, Shun Feng International Centre  
182 Queen's Road East, Wan Chai, Hong Kong

Tel. : 2527 8351  
Fax : 2527 2277  
Email : [mwc@dh.gov.hk](mailto:mwc@dh.gov.hk)