

NURSING COUNCIL OF HONG KONG & MIDWIVES COUNCIL OF HONG KONG

香港護士管理局 及 香港助產士管理局

Application Form for Change of Address and/or Telephone Number(s)

更改地址及/或電話號碼申請表格

If you have changed the correspondence address and/or contact telephone number(s), please complete this form in block letters and return it in person or by post to the Central Registration Office, Department of Health, 17/F, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong. Alternatively, you may fax the completed form to 2891 7946.

若你的通訊地址及/或聯絡電話號碼已經更改，請以正楷填妥此表格，並親自或以郵遞方式把表格交回香港灣仔皇后大道東 213 號胡忠大廈 17 樓衛生署中央註冊室。此外，你亦可把填妥的表格傳真至 2891 7946。

1. Name 姓名：

(English 英文)

(Chinese, if applicable 中文,如適用)

2. Category 種類

(Please tick whichever is appropriate 請在合適方格內填上'✓')

| | |
|--------------------------|---|
| <input type="checkbox"/> | Registered Nurse (General) 註冊護士 (普通科) |
| <input type="checkbox"/> | Registered Nurse (Psychiatric) 註冊護士 (精神科) |
| <input type="checkbox"/> | Registered Nurse (Mentally Subnormal) 註冊護士 (弱智人士科) |
| <input type="checkbox"/> | Registered Nurse (Sick Children) 註冊護士 (病童科) |
| <input type="checkbox"/> | Enrolled Nurse (General) 登記護士 (普通科) |
| <input type="checkbox"/> | Enrolled Nurse (Psychiatric) 登記護士 (精神科) |
| <input type="checkbox"/> | Registered Midwife 註冊助產士 |

Registration/Enrolment No.

註冊/登記號碼

3. Correspondence Address 通訊地址：

(Please provide the Chinese and English address

請提供中文及英文地址)

4. Contact Telephone No. 聯絡電話號碼：

| |
|-------------------------|
| For Official Use 只供內部填寫 |
| Date of Receipt : |
| Computer : |
| Register : |

Signature 簽名：

Date 日期：
