

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.

若你的通信地址及/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 樓衛生署中央註冊組。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** **Registration/Enrolment No.**
(Please tick whichever is appropriate 請在合適方格內填上'✓') **註冊/登記號碼**

<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	_____

3. **Correspondence Address 通信地址 :** _____
(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 : _____