1. **Personal Particulars**

**\* Please type or complete the form in BLOCK LETTERS and circle as appropriate**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title:\* Ms /Mr /Mrs /Dr/Prof | Surname: | |  | | | Given Name: | | |  | |
| Name in Chinese: |  | | | | | Sex \* F / M | | | | |
| Job Title: |  | | | | | | | | | |
| Present Working Place/Area: |  | | | | | | | | | |
| HK ID No.: | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | ( ) | | | | | First 4 digits of your HKID number | | | | | |
| Correspondence Address : |  | | | | | | | | | |
|  |  | | | | | | | | | |
| Contact : | Mobile Phone No.: | | |  | | | Office: Tel. No.: | | |  |
|  | Email Address: | | |  | | | | | | |
| Registration No. of Registered Nurse Certificate Issued by Nursing Council of Hong Kong: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Expiry Date of Practising Certificate: | |  | | | | | |  | | |

1. **Academic and Professional Qualifications**

**(The following entries should be written in descending chronological order)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Course / Program Title | Training Institution / Country | Qualification Obtained /  Year |
| A. Nursing related Academic & Professional Qualifications | 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| B. Related Specialty Training | 1. |  |  |
| 2. |  |  |
| 3. |  |  |

1. **Post-registration Working Experience in Nursing Relevant to Application**

**(The following entries should be written in descending chronological order)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Specialty / Department** | **Working Institution / Hospital** | **Month / Year** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

**SUPPORTIVE DOCUMENTS (Mandatory)**

I enclose the following documents to support my application:

🗖 (1) certified copy of a valid RN Registration certificate

🗖 (2) certified copy of a valid RN practicing certificate

🗖 (3) certified copy of a Bachelor Degree Holders with at least 2 years post registration experience

🗖 (4) current evidence of working in recognized Accident & Emergency training site by supervisor

🗖 (5) certified copy or copies of specialty nursing related certificate(s), if any

🗖 (6) copy of curriculum vitae

🗖 (7) others

**DECLARATION**

1. I hereby declare that I agree to provide the above information to the Hong Kong College of Emergency Nursing (HKCEN) and the information provided in support of this application is accurate to this date.
2. I understand that the information provided herewith may be forwarded to the Hong Kong Academy of Nursing & Midwifery Limited for processing my membership certification examination application.
3. I hereby declare that:

3.1 I \*have / have never been convicted of a criminal offence punishable with imprisonment (irrespective of whether actually sentenced to imprisonment) in Hong Kong or elsewhere.

3.2 I \*have / have never been found guilty of professional misconduct by any professional body in Hong Kong or elsewhere.

1. I understand that it is my responsibility to inform the College for any change in the above information, such as place of work, correspondence address and additional related qualification(s), etc. The College will not have to be responsible for any issues arisen as a result of my failure to inform.

\* Delete as appropriate

Signature of Applicant Date

**The applicant should be nominated by an eligible referee:**

**Referee (Professionally Affiliated)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Hospital / Institution:** |  |
| **Contact phone no.:** |  | **Fellowship No:** |  |
| **Email Address:** |  |  |  |

|  |
| --- |
| **#** I enclose herewith a crossed cheque for HK$400 with cheque no. \_\_\_\_\_\_\_\_ of  Bank to be payable to **Hong Kong College of Emergency Nursing Limited** as the examination fee. *(examination fee is non-refundable once you are accepted for the examination)* |

Please mail this application form with **#** a crossed cheque of $400 and the supportive documents to respective DOM of your hospital.

**Name: Hong Kong College of Emergency Nursing Limited**

*You are eligible to be arranged Specialty Training Program with a mentor & a logbook for the* ***‘Associate Membership’*** *after fulfilling the above requirement & payment. You have to achieve 20 CNE points within one year cycle, 15 points specialty related. Please refer to the Appendix for the “Path to Fellow Membership”*

**Hong Kong College of Emergency Nursing (HKCEN) Guideline for the Use of Personal Data**

Hong Kong College ofEmergency Nursing undertakes to comply with the requirements of the Personal Data (Privacy) Ordinance to ensure that personal data kept are accurate and securely kept. To ensure you are well informed of the personal data as collected, please read through this guideline.

Purpose of collection and guideline for use of personal data

1. The **HKCEN** will use personal data collected from a data subject for the purposes for which it is collected.

2. To provide personal data to the **HKCEN** is on voluntary basis. However, if you do not provide sufficient personal data, we may not be able to process your application or provide service to you.

3. The **HKCEN** may use your personal data in future (name, telephone number, fax number, email, mailing addresses) for the purposes of providing you with information of the College, handling application, issuing receipt, research, fundraising appeal, collecting feedbacks, as well as activities invitation and related promotion purposes.

Access to and updating personal data, request for cessation of using personal data for promotion purposes

Apart from the exemptions provided under the Personal Data (Privacy) Ordinance, you are entitled to access and update your personal data held by the Hong Kong College of Emergency Nursing, and request us to cease to use your personal data for promotion purposes.

If you object the **HKCEN** to use your personal data for the purposes as stated above, please contact us in written with **your full name**, **telephone number** as well as **date** by mail / email. No charge will be applied.

**Name: Hong Kong College of Emergency Nursing Limited**

**Email:** hkcen2011@gmail.com