

The Nursing Council of Hong Kong
Application for Limited Registration/Enrolment (Psychiatric)
under the Nurses Registration Ordinance, Cap. 164
(for nurses trained outside Hong Kong)

Certification of Employment

To be completed by employing institution

Type of the employing institution:

- | | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Department of Health | <input type="checkbox"/> | Hospital Authority |
| <input type="checkbox"/> | Gazetted nurse training schools | <input type="checkbox"/> | Residential care homes for elderly under Cap. 459 |
| <input type="checkbox"/> | Residential care homes for persons with disabilities under Cap. 613 | <input type="checkbox"/> | Scheduled nursing homes under Cap. 633 |
| <input type="checkbox"/> | Others | | |

This is a certificate of employment in support of the application of _____ (applicant's name) for limited registration/enrolment (Psychiatric) under the Nurses Registration Ordinance (Cap. 164, Laws of Hong Kong).

1. I confirm that the applicant has been selected for full-time employment on the following terms:

(a) Capacity of appointment: Psychiatric Nurse with Limited Registration /
Psychiatric Nurse with Limited Enrolment *

(b) Department/Office of the employing institution in which the applicant will be working:

(c) Nature of duties to be performed: _____

(d) Terms of appointment:

New appointment / Renewal of contract *

Commencement date (from _____ to _____)

Date of first appointment: _____

Duration of previous appointments: _____

Number of renewals of contract: _____

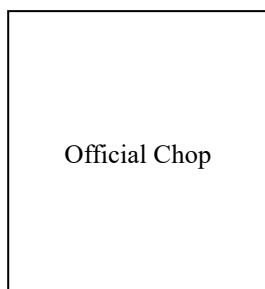
(e) Any other remarks: _____

2. The application for limited registration/enrolment (Psychiatric) is submitted on behalf of the applicant. One set of the following documents for the applicant is also enclosed:

- | | Please tick |
|---|--------------------------|
| (a) a duly completed application form for limited registration/enrolment (Psychiatric) | <input type="checkbox"/> |
| (b) a certified true copy of Hong Kong Identity Card/Passport | <input type="checkbox"/> |
| (c) a certified true copy of nursing graduation certificate | <input type="checkbox"/> |
| (d) a certified true copy of valid certificate to practise nursing from local registration/enrolment authority (i.e. registration/enrolment certificate and practising certificate) or other equivalent documentary evidence of entitlement to practise nursing outside Hong Kong | <input type="checkbox"/> |
| (e) original and/or certified true copy of documentary proof(s) certifying that the applicant possessed one year of full-time post-registration clinical experience issued and/or certified by the applicant's employer(s) | <input type="checkbox"/> |

3. I certify that I have **personally** checked the personal particulars, the pre-registration/enrolment academic qualifications, professional nursing qualifications and the post-qualification clinical experience that is relevant to the employment together with the supporting documents provided in the application form.

4. I certify that the applicant's qualifications meet the criteria for limited registration/enrolment (Psychiatric) under the Nurses Registration Ordinance (Cap. 164, Laws of Hong Kong) and that the appointment is necessary and appropriate to meet the community's need for nursing service.



Signature: _____

Name: _____
(in block letters)

Position: _____

Employing Institution: _____

Date: _____

* delete as appropriate