

**The Nursing Council of Hong Kong**  
**Application for Special 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:

- Department of Health                       Hospital Authority
- Others

This is a certificate of employment in support of the application of \_\_\_\_\_ (applicant's name) for special 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 Special Registration /  
Psychiatric Nurse with Special 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: \_\_\_\_\_

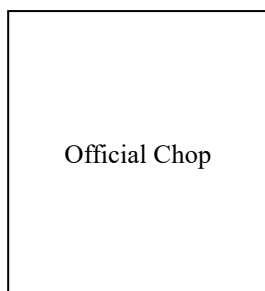
(e) Any other remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The application for special 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 special 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 completed post-qualification training programme that is relevant to the area of practice in nursing   | <input type="checkbox"/> |
| (f) original and/or certified true copy of documentary proof(s) certifying that the applicant possessed three years 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, academic qualifications, professional nursing qualifications and the post-qualification clinical experience in a clinic or hospital together with the supporting documents provided in the application form.

4. I certify that the applicant's qualifications meet the criteria for special 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