

To: Central Registration Office, Boards & Councils Office, Department of Health
17/F, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong

(Please mark "Application for Special Registration/Enrolment (Psychiatric)" in the envelope)

Applications for Special Registration/Enrolment (Psychiatric)

This is to confirm that the applicants as listed in Appendix have met all the requirements of the Nursing Council of Hong Kong ("the Council") for special registration/enrolment (Psychiatric), including the requirements of academic / professional qualifications and clinical experience.

The applications for special registration/enrolment (Psychiatric) are submitted on behalf of the applicants. One set of the following documents for each applicant is also enclosed:

- (a) a duly completed application form for special registration / enrolment (Psychiatric);
- (b) **original** declaration form on page 6 of the application form completed not more than six months before the application for special registration / enrolment;
- (c) **original** Testimonial as to Character on page 7 of the application form completed not more than six months before the application for special registration / enrolment;
- (d) a duly completed "Certificate of Employment";
- (e) a **certified true copy** of Hong Kong Identity Card/Passport;
- (f) a **certified true copy** of nursing graduation certificate;
- (g) 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;
- (h) **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; and
- (i) **original and/or certified true copy** of documentary proof(s) certifying that the applicant possessed at least three years of full-time post-qualification clinical experience issued and/or certified by the applicant's employer(s).

Signature: _____

Name: _____
(in block letters)

Position: _____

Employing Institution: _____

Date: _____

List of Applicants Qualified for Special Registration/Enrolment (Psychiatric)

	Name in English	Name in Chinese (if any)	Type of appointment <u>Note 1</u> (i.e. (i) or (ii))	Completed a nursing programme (Y/N)	Year of registration / enrolment outside Hong Kong	Completed a post-qualification training programme (Y/N)	Clinical experience <u>Note 2</u> (e.g. 3 Y 3 M)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Notes:

- 1) Please fill in either **(i)** or **(ii)** with reference to the following:
 - (i) new employment under special registration / enrolment; or
 - (ii) renewal of employment contract.

- 2) Please fill in the total number of years of full-time post-qualification clinical experience in clinic or hospital in the format of “xx Years xx Months”.