

**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)**

**Application Notes**

1 **Who can apply?**

1.1 Nurses trained outside Hong Kong who:

- 1.1.1 are of good character and have good professional conduct;
- 1.1.2 have completed a pre-qualification psychiatric nursing programme of normally not less than three years (for registration) or two years (for enrolment);
- 1.1.3 possess a valid certificate to practise nursing<sup>Note 1</sup> issued by such certifying body as may be recognised by the Nursing Council of Hong Kong (“the Council”) from time to time as constituting sufficient evidence of his/her competency to practise psychiatric nursing at the time of his/her application;
- 1.1.4 have completed a post-qualification training programme that is relevant to the area of practice in nursing;
- 1.1.5 have at least three years of full-time post-qualification clinical experience in a clinic or hospital; and
- 1.1.6 have been selected for full-time employment as a person with special registration/enrolment in a specified institution.

*Note 1: The certificate to practise nursing must be valid at the time of application. The Council will not process any application that fails to produce such document.*

2 **Application Procedure**

2.1 The applicant should complete the application form, enclose originals and photocopies or notarised copies of the following and **send all of them (either in person or by post) to the employing institution** for verification and submission to the Council:

- 2.1.1 Hong Kong Identity Card/Passport
- 2.1.2 Nursing graduation certificate
- 2.1.3 Valid certificate to practise nursing from local registration/enrolment authority
  - (i.e. (i) practising certificate or other equivalent documentary evidence of entitlement to practise nursing outside Hong Kong; and
  - (ii) registration/enrolment certificate or official document from local registration/enrolment authority verifying the applicant’s “date of initial registration/enrolment”.)
- 2.1.4 Documentary proof(s) certifying that the applicant completed post-qualification training programme that is relevant to the area of practice in nursing
- 2.1.5 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)

2.2 The applicant should request the training institute(s) to send to the Council his/her transcript(s) stating clearly the course code, full name and grade/result of each attended subject together with a separate record of detailed breakdowns in theoretical and clinical training hours of each subject. Since some of the required information may not be shown on the transcript(s) of the applicant, in order not to delay the application, please also ask the training institute(s) to complete and **return to the Council direct the “Verification of Training Details”** including a detailed breakdown in the “**theoretical training in clock hours and clinical experience in clock hours or weeks of each subject**” (if in weeks, the number of hours per week should be stated) (i.e. **Form 1(a)**) **in an official and sealed envelope of the training institute(s).**

- 2.3 The applicant should also send the “Verification of Original Registration/Enrolment Outside Hong Kong” (i.e. Form 1(b)) to the registration authority, which issued his/her original registration/enrolment certificate outside Hong Kong, for completion and **returning to the Council direct in an official and sealed envelope of the issuing authority.**
- 2.4 Please note that the applicant’s training institute/registration authority outside Hong Kong may take three to four months’ time on average to complete the “Verification of Training Details/Original Registration/Enrolment” and return them to the Council. The Council will assess the application upon receipt of all the required information and documents from the applicant, training institute and registration authority, and request for clarification/supporting documents as necessary.
- 2.5 If the bearer’s name on the documentary proofs appears differently, the applicant may be required to approach a statutory body to make a statutory declaration verifying the different names that appear on the documentary proofs submitted for his/her application are all referring to the same person. The original/notarised copy of the statutory declaration should be sent to the Council for assessment upon request.
- 2.6 The Council does not operate a system of reciprocal registration/enrolment. It assesses each application on an individual basis in regard to the theoretical and clinical training hours and contents of the nurse training programme of the applicant. Regarding the required training hours and contents, the applicant may make reference to the following documents setting out the local syllabuses:
- (i) “A Reference Guide to the Syllabus of Subjects and Requirements for the Preparation of Registered Nurse (Psychiatric) in the Hong Kong Special Administrative Region” for application for special registration (Psychiatric);
  - (ii) “Core-Competencies for Enrolled Nurses (Psychiatric) and a Reference Guide to the Syllabus of Subjects and Requirements for the Preparation of Enrolled Nurse (Psychiatric) in the Hong Kong Special Administrative Region” for application for special enrolment (Psychiatric).

The above documents will be reviewed by the Council from time to time and are available for download at the Council’s website at [www.nchk.org.hk](http://www.nchk.org.hk).

- 2.7 Commonly identified issues resulting in a delay of application:
- 2.7.1 Incomplete information
    - 2.7.1.1 The applicant needs to fill out the application form entirely and submit **all** required documents.
    - 2.7.1.2 An application cannot be processed until **all** information and documents are received by the Council.
    - 2.7.1.3 Please remember to write your full name where necessary.
  - 2.7.2 Mismatched information between documents
    - 2.7.2.1 Information such as names, date of birth, dates of education, etc. provided by the applicant must match with the supporting documents submitted by the training institute/registration authority.
    - 2.7.2.2 Any discrepancies will need to be clarified before the application can be processed further.

- 2.7.3 Lack of documentary proofs
  - 2.7.3.1 The required documentary proofs and/or supplementary proofs are not provided.
  - 2.7.3.2 The documentary proofs are in languages other than English / Chinese (if the original documents are in other languages, official/certified translation in English must be provided simultaneously).
- 2.8 If the application is incomplete or inconsistent, the Council will require the applicant /employing institution to clarify the discrepancy or provide supplementary information. This will result in prolonged processing time of application.
- 2.9 For any enquiries, please contact the staff of the Council Secretariat at (852) 2527 8351 during office hours, or by e-mail to [nc@dh.gov.hk](mailto:nc@dh.gov.hk).

## **Points to Note for Completing the Application Form**

### **I. Application Form**

- i. The name of the applicant appearing on the application form, Testimonial as to Character and Declaration Form must be identical as the name shown on the applicant's Hong Kong Identity Card or passport.
- ii. Applicant should affix a recent photograph onto the photograph box on the application form.

### **II. Declaration Form**

- i. No exemption will be granted under the Rehabilitation of Offenders Ordinance (Cap. 297, Laws of Hong Kong). Applicant is required to make the declaration in any circumstances.
- ii. The date of the Declaration Form on page 6 of the application form must not be more than six months before the application is received by the Council.

### **III. Testimonial as to Character**

- i. The Testimonial as to Character on page 7 of the application form must be completed by a person who is not a family member or relative of the applicant and has known the applicant personally for at least 12 months.
- ii. The person completing the Testimonial as to Character (Note: **NOT** the applicant) must provide his/her Hong Kong Identity Card number or passport number in full.
- iii. The person completing the Testimonial as to Character (Note: **NOT** the applicant) must duly sign the form.
- iv. The date of the Testimonial as to Character must not be more than six months before the application is received by the Council.

### Checklist of Documents Required for the Application

<b>Please check if you have enclosed the following documents:</b>	
1	Completed pages 1 to 7 of the Application Form <i>(see “Points to Note for Completing the Application Form” on page iv of the Application Notes)</i>
2	Original/notarised copy of Hong Kong Identity Card/Passport <i>(see paragraph 2.1 of the Application Notes)</i>
3	Original/notarised copy of Nursing Graduation Certificate <i>(see paragraph 2.1 of the Application Notes)</i>
4	Original/notarised copy of Registration / Enrolment Certificate <i>(see paragraph 2.1 of the Application Notes)</i>
5	Original/notarised copy of Practising Certificate <i>(see paragraph 2.1 of the Application Notes)</i>
6	Original/notarised copy of documentary proof(s) certifying that the applicant completed post-qualification training programme that is relevant to the area of practice in nursing <i>(see paragraph 2.1 of the Application Notes)</i>
7	Original/notarised 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) <i>(see paragraph 2.1 of the Application Notes)</i>
<b>Please request your <u>Training Institute(s)</u> to send the following documents to the Council <u>direct</u> in an official and sealed envelope of the Training Institute(s):</b>	
1	Original/ notarised copy of transcript with detailed breakdowns of theoretical and clinical training of each subject <i>(see paragraph 2.2 of the Application Notes)</i>
2	Verification of Training Details with a detailed breakdown of theoretical training and clinical experience of each subject in clock hours (i.e. Form 1(a)) <i>(see paragraph 2.2 of the Application Notes)</i>
<b>Please request the <u>Registration Authority</u> to send the following document to the Council <u>direct</u> in an official and sealed envelope of the Registration Authority:</b>	
1	Verification of Original Registration/Enrolment Outside Hong Kong (i.e. Form 1 (b)) <i>(see paragraph 2.3 of the Application Notes)</i>

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**Application for Special Registration/Enrolment (Psychiatric)**  
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**To be completed by the applicant**

This application form should be submitted to the employing institution of the applicant either by **post or hand delivery**. Submission by facsimile or email is NOT accepted.

- (Note: 1. Please read the **Application Notes** and **Points to Note for Completing the Application Form** carefully.  
2. Please fill in this form in print or typed letters.  
\* Please only put ONE tick in the boxes provided as appropriate.  
^ Please delete as appropriate.

1. (a) I hereby apply for my name to be entered upon the Register of Nurses (Division 2, Part II) / Roll of Enrolled Nurses (Division 2, Part II) maintained by the Nursing Council of Hong Kong (“the Council”)\*:

- Special Registration (Psychiatric)  
 Special Enrolment (Psychiatric)

- (b) I have been selected for employment in Hong Kong as a registered/enrolled nurse under special registration/enrolment in the following institution during the employment period:

(i) Name of the employing institution: \_\_\_\_\_  
\_\_\_\_\_

(ii) Nature of duties to be performed (please specify area of practice):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (c) Do you have any previous application for special registration/enrolment (Psychiatric) with the Council\*?

- Yes (*please complete item (d) below*)  
 No (*please proceed to Parts 2 to 7*)

- (d) Were you approved to register/enrol with the Council under special registration/enrolment (Psychiatric)\*?

- Yes (*please specify your registration number: \_\_\_\_\_*)  
 No (*please complete Parts 2 to 7*)

2. My particulars are as follows:

**A. Personal Particulars**

Surname \_\_\_\_\_ Given name \_\_\_\_\_

Name in Chinese (if any) \_\_\_\_\_

Gender: Male / Female^

Date of birth (DD/MM/YY) \_\_\_\_\_

Hong Kong Identity Card no. (if applicable) \_\_\_\_\_ and/or

Passport no. \_\_\_\_\_ Issuing Authority \_\_\_\_\_  
(for applicants without Hong Kong Identity Card)

Correspondence address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contact telephone no. (preferably in Hong Kong) \_\_\_\_\_

Email address \_\_\_\_\_

**B. Nursing Education**

School / College of Nursing (name and address)	Name of the Nursing Programme	Training Period	
		From (DD/MM/YY)	To (DD/MM/YY)

**C. Professional Nursing Qualifications**

Title	Registration / enrolment / licensing authority	Registration / enrolment number	Year obtained
e.g. Registered Nurse (General)	Australian Health Practitioner Regulation Agency	NMW000XXXXXX	2008

**D. Post-qualification Nursing Training**

Training institution (name and address)	Name of the Programme	Training Period	
		From (DD/MM/YY)	To (DD/MM/YY)



**E. Nursing Experience since Registration/Enrolment**

**Please give details of post-registration/enrolment nursing experience, e.g. psychiatric (acute / rehabilitation recovery), medical, surgical, etc.**

Name and address of working institution / hospital	Working Period		Position held	Nature of work
	From (DD/MM/YY)	To (DD/MM/YY)		

3. I enclose originals / notarised copies of the following:

- |  | Please tick              |
|--|--------------------------|
| (a) Hong Kong Identity Card/Passport   | <input type="checkbox"/> |
| (b) Nursing graduation certificate   | <input type="checkbox"/> |
| (c) 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"/> |
| (d) Documentary proof(s) certifying that I completed post-qualification training programme that is relevant to the area of practice in nursing   | <input type="checkbox"/> |
| (e) Documentary proof(s) certifying that I possessed at least three years of full-time post-qualification clinical experience issued and/or certified by my employer(s)  | <input type="checkbox"/> |
| (f) Original “Declaration Form” (i.e. page 6 of the application form)  | <input type="checkbox"/> |
| (g) Original “Testimonial as to Character” (i.e. page 7 of the application form)   | <input type="checkbox"/> |

4. I have sent the following documents to the training institute(s) and registration authority outside Hong Kong:

	Please tick	Submission Date (DD/MM/YY)
(a) "Verification of Training Details" (i.e. Form 1(a))	<input type="checkbox"/>	_____
(b) "Verification of Original Registration/Enrolment Outside Hong Kong" (i.e. Form 1(b))	<input type="checkbox"/>	_____

5. I am prepared to pay the fees of registration/enrolment and practising certificate required by the Council, in the event of my application being approved.

*Note: According to the Nurses (Registration and Disciplinary Procedure) Regulations and Enrolled Nurses (Enrolment and Disciplinary Procedure) Regulations, the existing fee for registration/enrolment in any part of the register/roll for person qualified outside Hong Kong is HK\$1,190 while the existing fee for practising certificate is HK\$230. Fees are subject to revision.*

6. I agree to provide a "statutory declaration" to verify that the names in the documents that the Council received for my application if the name appeared differently on my submitted documents.

7. **Declaration**

I declare that the above information given by me is true and accurate to the best of my knowledge. I hereby authorise my employing institution to submit the application together with the required documents to the Council on my behalf. I also authorise my employing institution and the Council to verify the information given in this form and the enclosed documents in any manner as it deems fit and obtain relevant information from relevant organisations or persons.

*Note: According to section 17 of the Nurses Registration Ordinance, Cap. 164, Laws of Hong Kong, if, after due inquiry, the Council is satisfied that any registered nurse or any enrolled nurse has obtained registration or enrolment by fraud or misrepresentation, the Council, in its discretion, may order that:-*

- (i) the name of the registered nurse or enrolled nurse be removed from the register or roll;*
- (ii) the name of the registered nurse or enrolled nurse be removed from the register or roll for a specified period; or*
- (iii) such registered nurse or enrolled nurse be reprimanded.*



Signature of applicant: \_\_\_\_\_

Name of applicant: \_\_\_\_\_  
(English)

\_\_\_\_\_  
(Chinese)

Date (DD/MM/YY) \_\_\_\_\_

## DECLARATION FORM

I declare that:

- (a) I have / have not\* been convicted of any offence punishable with imprisonment in Hong Kong or elsewhere. <sup>[Notes 1&2]</sup>
- (b) there are / are no\* criminal proceedings in progress against me in Hong Kong or elsewhere. <sup>[Note 3]</sup>
- (c) I have / have not\* been found guilty of unprofessional conduct in place(s) outside Hong Kong. <sup>[Note 1]</sup>
- (d) there are / are no\* disciplinary proceedings by any professional body in progress against me in place(s) outside Hong Kong. <sup>[Note 3]</sup>

In the event of any change in the accuracy of the declarations made in paragraphs (a) to (d) above, following my conviction of any offence punishable with imprisonment in Hong Kong or elsewhere, commencement of any criminal proceedings against me in Hong Kong or elsewhere, being found guilty of any unprofessional conduct in place(s) outside Hong Kong and/or commencement of any professional disciplinary proceedings against me in place(s) outside Hong Kong subsequent to the completion of the Declaration Form, I undertake to notify and to update the Secretary of the Nursing Council of Hong Kong with the same as soon as it is practicable and with no delay.

Signature of applicant: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

(English)

(Chinese)

Correspondence address \_\_\_\_\_  
of applicant: \_\_\_\_\_

Contact tel. no. (preferably in Hong Kong): \_\_\_\_\_

Email address (if any): \_\_\_\_\_

Date (DD/MM/YY) <sup>[Note 4]</sup>: \_\_\_\_\_

*\* Delete whichever is inapplicable.*

*Note 1 : If it is in the affirmative, full details must be attached. If you are not sure whether the conviction / unprofessional conduct should be reported, please provide full details to the Nursing Council of Hong Kong for follow-up action.*

*Note 2 : No exemption will be granted under the Rehabilitation of Offenders Ordinance (Cap. 297, Laws of Hong Kong). You are therefore required to make such a declaration in any circumstances.*

*Note 3 : If there are any such proceedings, full details must be attached. If you are not sure whether the criminal / professional disciplinary proceeding should be reported, please provide full details to the Nursing Council of Hong Kong for follow-up action.*

*Note 4 : The date of declaration must not be more than six months before the application is received by the Nursing Council of Hong Kong, otherwise, it will be regarded as invalid.*

*Note 5 : Any amendments made should be initialed by the respective person, i.e., the person who has made the amendments.*

## TESTIMONIAL AS TO CHARACTER

I hereby state that I am **not** a family member or relative of \_\_\_\_\_  
(name of the applicant). I certify that I have known \_\_\_\_\_ (name of the  
applicant) personally for \_\_\_\_\_ years <sup>[Note 1]</sup> and that \*he / she is of good moral character.

REMARKS (if any):

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(in Block Letter)

\* Hong Kong Identity Card /  
Passport No. <sup>[Note 2]</sup>: \_\_\_\_\_

Correspondence  
address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone no.: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date (DD/MM/YY) <sup>[Note 3]</sup>: \_\_\_\_\_

\* Delete whichever is inapplicable.

Note 1: The "Testimonial as to Character" must be completed by a person who is not a family member or relative of the applicant and has known the applicant personally for at least 12 months.

Note 2: The Hong Kong Identity Card / Passport number must be provided in full. Otherwise, the "Testimonial as to Character" will be regarded as invalid.

Note 3: The date of the "Testimonial as to Character" must not be more than six months before the application is received by the Nursing Council of Hong Kong, otherwise, it will be regarded as invalid.

## PERSONAL DATA COLLECTION STATEMENT

### Purpose of Collection

The personal data you provided to the Nursing Council of Hong Kong are for the purpose of the application you are currently making only. If you do not provide the requested information, the Nursing Council of Hong Kong may turn down your application.

### Classes of Transferees

2. The personal data you provided are mainly for use within the Nursing Council of Hong Kong but they may also be disclosed to other Government bureaux, departments, agencies or authorities in connection with the purpose mentioned above, if necessary. Moreover, some or all of these data may be subject to public inspection for verification. Other than that, such data will only be disclosed to other parties where you have given consent to such disclosure or where such disclosure is in accordance with the Personal Data (Privacy) Ordinance (Cap. 486, Laws of Hong Kong). Please notify the Nursing Council of Hong Kong whenever there is any change of your personal data.

### Access to Personal Data

3. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasion as mentioned in paragraph 1 above. A fee may be imposed for obtaining a copy of the data.

### Enquiries

4. Enquiries concerning the personal data provided, including access and the making of corrections, should be addressed to:

The Secretary, Nursing Council of Hong Kong  
1/F, Shun Feng International Centre  
182 Queen's Road East, Wan Chai  
Hong Kong  
Tel. : 2527 8351  
Fax : 2527 2277