

**NURSES REGISTRATION ORDINANCE, CAP. 164, LAWS OF HONG KONG  
NURSES (REGISTRATION & DISCIPLINARY PROCEDURE) REGULATIONS**

**APPLICATION FOR REGISTRATION AS A NURSE  
(FOR NURSES TRAINED IN HONG KONG)**

---

*Note 1: The provision of personal data is voluntary. If you do not provide sufficient information, however, the Council may not be able to process your application for registration.*

*Note 2: Applicants are advised to go through the attached checklist before submitting their application forms.*

*Note 3: Any amendments made should be initialed by the respective person, i.e., the person who has made the amendments.*

I, (\*Mr/Ms/Miss/Mrs) .....  
*(Full name in English and Chinese (if applicable) as shown on the Hong Kong Identity Card / Passport)*

holder of \*Hong Kong Identity Card No./Passport No. ....

aged ..... \*Married / Single

of.....  
*(Correspondence address in Hong Kong in both English and Chinese)*

..... Tel. No. ....

trained at .....  
*(Training school where you were trained)*

from (DD/MM/YYYY) ..... to (DD/MM/YYYY) .....  
*(Period of training with dates)*

hereby apply for registration as a registered \*general / psychiatric nurse with the Nursing Council of Hong Kong and forward herewith the following documents via the training school: -

- \*\* (a) an original testimonial as to character to be completed preferably by a resident of standing in Hong Kong not more than six months before the application for registration is to be received by the Nursing Council of Hong Kong;
- (b) an original or a true copy of certificate/transcript of studies issued and certified (if not original) by my training school;
- (c) a true copy of my Hong Kong Identity Card/Passport certified by the training school;
- (d) two unmounted copies of a photograph (passport size) of myself taken not more than two years before the date of application for registration;
- \*\* (e) an original declaration form completed not more than six months before the application for registration is to be received by the Nursing Council of Hong Kong; and
- \*\* (f) an original certificate of health completed not more than six months before the application for registration is to be received by the Nursing Council of Hong Kong by a registered medical practitioner within the meaning of the Medical Registration Ordinance (Cap. 161, Laws of Hong Kong), certifying that I am not suffering from any scheduled infectious disease, within the meaning of the Prevention and Control of Disease Ordinance (Cap. 599, Laws of Hong Kong), such as to render me unfit, in that practitioner's opinion, to attend the sick.

I am prepared to pay the registration fee and the fee for a 3-year practising certificate in the event of my application being accepted.

I hereby authorise the Nursing Council of Hong Kong to verify the information given in this form and the enclosed forms/documents in any manner as it deems fit and obtain relevant information from relevant organisations or persons.

.....  
*Signature of Applicant*

Date : .....  
(DD/MM/YYYY)

- \* Delete whichever is inapplicable.
- \*\* To be completed using the forms attached.

(last updated in December 2016)

To: The Secretary  
Nursing Council of Hong Kong  
17<sup>th</sup> Floor, Wu Chung House  
213 Queen's Road East  
Wanchai, Hong Kong

**TESTIMONIAL AS TO CHARACTER**  
**(For Application for Registration / Enrolment as a Nurse)**

I hereby state that I am not a family member or relative of .....  
(Applicant's name). I certify that I have known ..... (Applicant's name)  
personally for at least 12 months and that \*he / she is of good moral character.

I certify that the above information is, to the best of my knowledge, true and correct, and I agree that the Nursing Council of Hong Kong may contact me, if required, for enquiry about the information provided in this testimonial.

*REMARKS (if any):*

Signature .....

Full Name <sup>[Note 1]</sup> .....  
(in Block Letter)

\* Hong Kong Identity Card No./Passport No. <sup>[Note 1]</sup> .....

Correspondence  
Address <sup>[Note 1]</sup> .....

Telephone No. <sup>[Note 1]</sup> .....

Occupation .....

Date (DD/MM/YYYY) <sup>[Note 2]</sup> .....

\* Delete whichever is inapplicable.

*Note 1: The information must be provided in full, otherwise, the "Testimonial as to Character" will be regarded as invalid.*

*Note 2: The date of the testimonial must not be more than six months before the application for registration/enrolment is received by the Nursing Council of Hong Kong, otherwise, it will be regarded as invalid.*

*Note 3: Any amendments made should be initialed by the respective person, i.e., the person who has made the amendments.*

(last updated in December 2016)



To: The Secretary  
Nursing Council of Hong Kong  
17<sup>th</sup> Floor, Wu Chung House  
213 Queen's Road East  
Wanchai  
Hong Kong

**CERTIFICATE OF HEALTH**  
**(For Application for Registration / Enrolment as a Nurse)**  
**(To be completed by a medical practitioner registered under the**  
**Medical Registration Ordinance (Cap. 161, Laws of Hong Kong))**

I certify that I have examined ..... and found that \*he / she is not suffering from any scheduled infectious disease, within the meaning of the Prevention and Control of Disease Ordinance (Cap. 599, Laws of Hong Kong), such as to render him/her unfit, in my opinion, to attend the sick.

Signature .....

Full Name .....  
(in Block Letter)

Correspondence  
Address .....

Telephone no. ....

Date (DD/MM/YYYY) <sup>[Note 1]</sup> .....

\* Delete whichever is inapplicable.

*Note 1: The date of the "Certificate of Health" must not be more than six months before the application for registration/enrolment is received by the Nursing Council of Hong Kong, otherwise, it will be regarded as invalid.*

*Note 2: Any amendments made should be initialed by the respective person, i.e., the person who has made the amendments.*

(last updated in December 2016)

**Nursing Council of Hong Kong**  
**Application for Registration / Enrolment as a Nurse**  
**(For Nurses trained in Hong Kong)**  
**Checklist for Completing the Application Form**

Applicants are advised to go through the checklist below before submitting their application forms:-

Application Form

- The name of the applicant appearing on the application form, testimonial as to character, declaration form and the certificate of health must be the one shown on the applicant's Hong Kong Identity Card or passport.

Testimonial as to Character

- The testimonial 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.
- The person completing the testimonial (Note: **NOT** the applicant) must provide his/her Hong Kong Identity Card number or passport number and contact details in full.
- The date of testimonial must not be more than 6 months before the application for registration/enrolment is received by the Nursing Council of Hong Kong.

Declaration Form

- The applicant must delete where inappropriate in parts (a) to (d).
- Where the applicant has been convicted of any offence, has criminal proceedings in progress, has been found guilty of any unprofessional conduct, or has professional disciplinary proceedings in progress, the applicant must provide full details.
- The declaration form must be completed and signed by the applicant and a witness.
- Both the applicant and the witness must provide the personal particulars as required on the declaration form.
- The date of declaration must not be more than 6 months before the application for registration/enrolment is received by the Nursing Council of Hong Kong.

Certificate of Health

- The date of the "Certificate of Health" must not be more than 6 months before the application for registration/enrolment is received by the Nursing Council of Hong Kong.
- The form must be completed by a medical practitioner registered under the Medical Registration Ordinance (Cap. 161, Laws of Hong Kong).

Amendments

- Any amendments made should be initialed by the respective person, i.e., the person who has made the amendments.

(last updated in December 2016)