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)	
	English and Chinese (if applicable) as shown on the Hong Kong Identity Card / Passport)
holder of *Hong Kong Identity Car	d No./Passport No.
aged	*Married / Single
of	
	ndence address in Hong Kong in both English and Chinese)
	Tel. No
	(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 enclosed forms/documents in any manner as it organisations or persons.	•		•	
		Siz	gnature of Appli	cant
	Date :			
			(DD/MM/YYYY	7)
* Delete whichever is inapplicable.				
** To be completed using the forms attached.				
(last updated in December 2016)				

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

TESTIMONIAL AS TO CHARACTER

(For Application for Registration / Enrolment as a Nurse)

(Applicant's name). I c	am not a family member or relative of
	ove information is, to the best of my knowledge, true and correct, and I agree of Hong Kong may contact me, if required, for enquiry about the information ial.
REMARKS (if any):	
	Signature
	Full Name [Note 1] (in Block Letter)
*	Hong Kong Identity Card No./Passport No. [Note 1]
	Correspondence Address [Note 1]
	Telephone No. [Note 1]
	Occupation
	Date (DD/MM/YYYY) [Note 2]
* Delete whichever is in	applicable.

- Note 1: The information must be provided in full, otherwise, the "Testimonial as to Character" will be regarded as
- The date of the testimonial must not be more than six months before the application for registration/enrolment Note 2: is received by the Nursing Council of Hong Kong, otherwise, it will be regarded as invalid.
- Any amendments made should be initialed by the respective person, i.e., the person who has made the Note 3: amendments.

(last updated in December 2016)

DECLARATION FORM

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

I declare that:-

- (a) I have / have not* been convicted of any offence punishable with imprisonment in Hong Kong or elsewhere.

 [Note 1][Note 2]
- (b) there are / are no* criminal proceedings in progress against me in Hong Kong or elsewhere. [Note 3]
- (c) I have / have not* been found guilty of unprofessional conduct in place(s) outside Hong Kong. [Note 1]
- (d) there are / are no* professional disciplinary proceedings in progress against me in place(s) outside Hong Kong.

 [Note 3]

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 He	ong Kong):		
Email address (if any):			
Signature of witness:			
Name of witness:			
	(English)	(Chinese)	
Correspondence address of witness:			
Telephone no. of witness (prefer			
Date of Declaration (DD/MM/)	YYYY) [Note 4]:		

- * Delete whichever is inapplicable.
- Note 1: If it is in the affirmative, full details must be attached.
- Note 2: No exemption will be granted under the Rehabilitation of Offenders Ordinance (Cap. 297). I am therefore required to make such a declaration in any circumstances.
- Note 3: If there are any such proceedings, full details must be attached.
- Note 4: The date of declaration 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 5:* Any amendments made should be initialed by the respective person, i.e., the person who has made the amendments. (last updated in April 2019)

To: The Secretary
Nursing Council of Hong Kong
17th 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 Ordinan	ce (Cap. 599, Laws of Hong Kong), such as to render
nim/her unfit, in my opinion, to attend the si	ck.
, J 1	
	Signature
	Full Name
	(in Block Letter)
	Correspondence
	Address
	Telephone no
	Telephone no.
	Date (DD/MM/YYYY) [Note 1]

(last updated in December 2016)

^{*} 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.

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:-

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).		pplicant appearing on the application form, testimonial as to character, d the certificate of health must be the one shown on the applicant's Hong or passport.
 □ 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. □ 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). 	 □ The testimonial mu applicant and has keet applicant. □ The person comple Kong Identity Card. □ The date of testing. 	st be completed by a person who is not a family member or relative of the nown the applicant personally for at least 12 months. Sing the testimonial (Note: NOT the applicant) must provide his/her Hong number or passport number and contact details in full. In nonial must not be more than 6 months before the application for
 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). 	 □ The applicant must □ Where the applicant has been found g proceedings in prog □ The declaration form □ Both the applicant declaration form. □ The date of declaration 	t has been convicted of any offence, has criminal proceedings in progress, uilty of any unprofessional conduct, or has professional disciplinary ress, the applicant must provide full details. In must be completed and signed by the applicant and a witness. In and the witness must provide the personal particulars as required on the ration must not be more than 6 months before the application for
Amendments	☐ The date of the "Ce" for registration/enro	lment is received by the Nursing Council of Hong Kong. ompleted by a medical practitioner registered under the Medical Registration
Any amendments made should be initialed by the respective person, i.e., the person who has made the amendments. (last updated in December 2016)	made the amendme	nts.