

The Nursing Council of Hong Kong
Application for Limited Registration/Enrolment (General)
under the Nurses Registration Ordinance, Cap. 164
(for nurses trained outside Hong Kong)

VERIFICATION OF TRAINING DETAILS
(GENERAL NURSING)

(to be completed by School Principal / Course Leader of Nursing School / Training Institute^{Note 1})

To: The Secretary, Nursing Council of Hong Kong
 1/F, Shun Feng International Centre
 182 Queen's Road East
 Wanchai, Hong Kong

Please fill in this form in print or typed letters in ENGLISH / CHINESE

Name of Student : (Surname) _____ (Given Name) _____

Date of Birth: _____ Gender: ^Male / Female (^Please delete as appropriate)

Name and Address of School : _____

Name of Nursing Programme : _____

Duration : _____ years

Commencement Date : _____ Completion Date: _____
 (DD/MM/YY) (DD/MM/YY)

*Mode of Study : Full-time Part-time
 Distance Learning Others _____
 (please specify)

* Please put a "✓" in the appropriate box.

Record of Theoretical Instruction Hours (Including Laboratory Hours)

Subject Areas	Clock Hours ^{Note 1}
1. Concepts of Health / Health Care including: <ul style="list-style-type: none"> ● Primary Health Care ● Health Care Delivery System ● Personal & Communal Health / Personal & Community Health 	
	Total :
2. Social and Behavioural Sciences – <ul style="list-style-type: none"> ● Psychology (including Spiritual Aspects) ● Sociology 	
	Total :

Subject Areas	Clock Hours ^{Note 1}
3. Biological / Integrated Sciences: <ul style="list-style-type: none"> ● Anatomy & Physiology, Growth & Development ● Microbiology ● Pharmacology ● Nutrition & Dietetics 	
Total :	
4. Professional Nursing: <ul style="list-style-type: none"> ● History of Nursing ● Philosophy and Nursing Theories / Models ● Ethics and Professional Issues ● Legal Aspects ● Nursing Research 	
Total :	
5. Principles & Practice of Nursing: <ul style="list-style-type: none"> ● Basic Nursing Skills ● First Aid / Emergency Nursing ● Introduction to Operation Theatre / Anaesthesiological Nursing ● Illness prevention and health restoration of clients with alteration in various body system functions, including : <ul style="list-style-type: none"> - Preventive / Promotive / Rehabilitative Care - Nursing Process and Nursing Diagnosis - Health Assessment - Medical, Surgical Nursing - Radiotherapy, Physiotherapy, Occupational and Speech Therapy - Introduction to Oncology and Hospice Care - Health Teaching / Learning, Patient Education ● Child Health / Paediatric and Adolescent Nursing ● Modern Chinese Medicine Nursing / Complementary Alternative Medicines 	
Total :	
6. Specialty Nursing: <ul style="list-style-type: none"> ● Obstetric Nursing ● Elderly Health Nursing ● Community Nursing ● Psychiatric Nursing 	
Total :	

Subject Areas	Clock Hours <small>Note 1</small>
7. Introduction to Nursing Management including: <ul style="list-style-type: none"> ● Principles of Management ● Decision Making & Problem Solving ● Planning and Organization, Introduction to Ward Management & Hospital Administration ● Leadership ● Interpersonal Skills ● Communication Skills ● Preparation for the Roles of Nurses & Nurse Managers ● Health Informatics 	
Total :	
Grand Total	

Record of Clinical Experience

Specialty	Clock Hours <small>Note 1</small>
1. Medical Nursing (General Medicine, Dermatology, Infectious Disease, Oncology and Hospice Nursing)	
2. Surgical Nursing (General Surgery, Anaesthesiology, Neurosurgery, Cardiothoracic Surgery, Gynaecology, Ophthalmology, ENT, Orthopaedic, Traumatology, Operation Theatre & Recovery Room)	
3. Paediatric and Adolescent Nursing	
4. Specialty Nursing : <ul style="list-style-type: none"> ● Obstetric Nursing ● Gerontological Nursing ● Community Nursing ● Psychiatric Nursing 	
5. Accident & Emergency Nursing	
6. General Out-patient Service	
Grand Total	

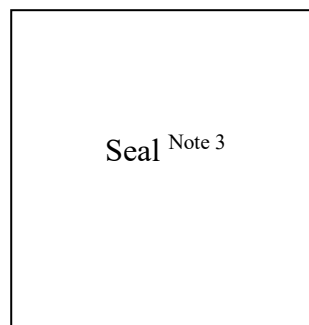
I confirm that the applicant has completed the required period of training in this country / state, passed all parts of the examination to qualify for registration / enrolment, if so required, and the above record is correct.

Signature of School Principal / Course Leader ^{Note 2}: _____

Full name in block letters ^{Note 2}: _____

Date: _____
(DD/MM/YY)

Please stamp the official seal of your school/training institute in the space provided.



Remarks:

Note 1: Please send the following documents together with the duly completed form in an official and sealed envelope of your training institute DIRECTLY to the SECRETARY, NURSING COUNCIL OF HONG KONG:

- (a) Full original transcript (including the course code, full name of the subject, grade / result of each subject attended) in English / Chinese or in other languages with an official/certified ENGLISH translation; and
- (b) Record of 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).

Note 2: This document must be duly signed by the School Principal / Course Leader with his/her full name, or it will be regarded as invalid.

Note 3: The official seal of the school must be provided, or this document will be regarded as invalid.