

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

VERIFICATION OF TRAINING DETAILS
(PSYCHIATRIC 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 ● Concept of Mental Health ● Health Care Delivery System ● Health Education and Promotion ● Personal & Communal Health / Personal & Community Health 	
Total :	

Subject Areas	Clock Hours ^{Note 1}
2. Social and Behavioural Sciences: <ul style="list-style-type: none"> ● Psychology (including Spiritual Aspects) ● Sociology 	
Total :	
3. Biological / Integrated Sciences: <ul style="list-style-type: none"> ● Anatomy & Physiology, Growth & Development ● Microbiology ● Pharmacology ● Psychiatry 	
Total :	
4. Professional Nursing: <ul style="list-style-type: none"> ● History of Psychiatric Nursing ● Philosophy and Nursing Theories / Models ● Professional Issues ● Ethics and Legal Aspects ● Nursing Research 	
Total :	
5. Principles & Practice of Nursing: <ul style="list-style-type: none"> ● Psychiatric Nursing ● Community Psychiatric Nursing ● Therapeutic Communication ● Clinical Risk Identification ● Basic Nursing Skills ● First Aid / Emergency Nursing ● Medical and Surgical Nursing ● Modern Chinese Medicine Nursing / Complementary Alternative Medicines 	
Total :	

Subject Areas	Clock Hours <small>Note 1</small>
6. 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 ● Roles of Psychiatric Nurses & Nurse Managers ● Interpersonal Skills ● Communication Skills ● Health Informatics 	
Total :	
Grand Total	

Record of Clinical Experience

Specialty	Clock Hours <small>Note 1</small>
1. Acute and Rehabilitation: <ul style="list-style-type: none"> ● Psychiatric Acute Nursing ● Psychiatric Rehabilitation Recovery Nursing ● Psychogeriatric Nursing ● Child & Adolescent Psychiatric Nursing 	
2. Community Psychiatric Nursing and Mental Health Outreach Service	
3. Nursing Management for Clients with Learning Disabilities	
4. Nursing Management for Clients with Substance-related Disorders	
5. Medical and Surgical Nursing	
Grand Total	

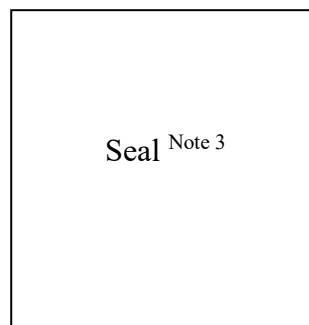
I confirm that the applicant has completed the required period of training in this country / state, passed all parts of the examination to qualify for registration / enrolment, if so required, and the above record is correct.

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.