Form 1(a)

The Nursing Council of Hong Kong Application for Special 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 "\square" 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:	
	Primary Health Care	
	Health Care Delivery System	
	 Personal & Communal Health / Personal & Community Health 	
	Total:	
2.	Social and Behavioural Sciences –	
	 Psychology (including Spiritual Aspects) 	
	Sociology	
	Total:	

	Subject Areas	Clock Hours Note 1
4.	Biological / Integrated Sciences: Anatomy & Physiology, Growth & Development Microbiology Pharmacology Nutrition & Dietetics Total: Professional Nursing: History of Nursing Philosophy and Nursing Theories / Models Ethics and Professional Issues Legal Aspects	
	Nursing ResearchTotal:	
5.	Principles & Practice of Nursing: 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: 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: Obstetric Nursing Elderly Health Nursing Community Nursing Psychiatric Nursing	
	Total:	

	Subject Areas	Clock Hours Note 1
7.	Introduction to Nursing Management including:	
	 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 Note 1
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 :	
	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.	Seal Note 3	

Remarks:

- Note 1: Please send the following documents together with the duly completed form in an official and sealed envelope of your training institute <u>DIRECTLY</u> 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 <u>clock hours</u> and clinical experience in <u>clock hours</u> 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.