

The Nursing Council of Hong Kong
Application for Special 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 | |

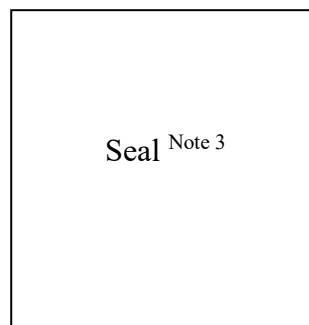
I confirm that the applicant has completed the required period of training in this country / state, passed all parts of the examination to qualify for registration / enrolment, if so required, and the above record is correct.

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.