Form 1(b)

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 ORIGINAL REGISTRATION/ENROLMENT OUTSIDE HONG KONG

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

INSTRUCTIONS TO APPLICANT
Please send this document to the Registration Authority which issued your Original Registration / Enrolment Certificate (outside Hong Kong) for completion. You may be required to pay a fee to the Authority for the service you request.

TO BE COMPLETED BY AN OFFICER OF THE REGISTRATION AUTHORITY (in BLOCK letters)

Please confirm the registration details of the nurse who has sent you this form by filling in the space provided. After completion, please stamp the official seal of your Registration Authority in the space provided below and send this form to the Nursing Council of Hong Kong **direct** at the address given above in an official and sealed envelope of your Registration Authority. Otherwise, the form will be regarded as invalid.

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

Gender: * Male / Female

Name of Registration Authority: _____

Address of Registration Authority: _____

_____

Registration No.: _____

Date of Initial Registration: _____
(DD/MM/YY)

Expiry date of the Practising Certificate: _____
(DD/MM/YY)

Part under which the registration was granted (if applicable): _____

I confirm that the registration of the above-named applicant ***is / is not** currently valid.

If *his / her registration is not currently valid, please state the reason(s): _____

_____

* Delete whichever is inappropriate

Please provide the following information concerning the registration status of the above-named applicant -

	If **YES** is selected for any of the questions below, please attach an explanation for each.	**YES**	**NO**
1.	Has the applicant ever been refused to registration to practise as a nurse in your or any other jurisdiction?	☐	☐
2.	Has the applicant's registration ever been revoked, suspended, surrendered, restricted or subject to individual terms and conditions?	☐	☐
3.	Is there any current conditions or limitations or restrictions in regard of the applicant's registration?	☐	☐
4.	Has the applicant been found guilty of unprofessional conduct in your or any other jurisdiction?	☐	☐
5.	Is there any disciplinary proceedings in progress against the applicant in relation to the practice of nursing?	☐	☐
6.	To the best of your knowledge, is the applicant currently subject to criminal proceedings or has been convicted of any offence punishable with imprisonment in your or any other jurisdiction?	☐	☐

Seal

Signature: _____

Full Name: _____
(in block letters)

Capacity in Registration Authority: _____

Date (DD/MM/YY): _____

Please stamp official seal of Registration Authority in the space provided.