

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)

To: The Secretary, Nursing Council of Hong Kong
 1/F, Shun Feng International Centre
 182 Queen's Road East
 Wanchai, Hong Kong
 Email: nc@dh.gov.hk

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^
 (DD/MM/YY)

Name of school/training institute: _____

Address of school/training institute: _____

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 delete as appropriate.
 * 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 Organisation, 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	

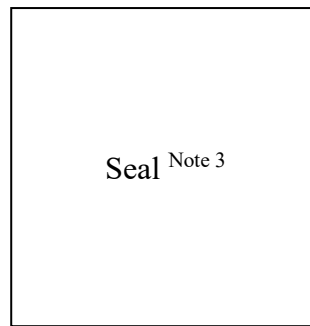
I confirm that the applicant has completed the required period of training in this country/state, passed all parts of the examination to qualify for registration/enrolment[^], if so required, and the above record is correct.

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.



[^] Please delete as appropriate.

Remarks:

Note 1: Please send the following documents together with the duly completed form in an official and sealed envelope of your school/training institute or by email via your official email account 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/training institute must be provided, or this document will be regarded as invalid.