The Nursing Council of Hong Kong Application for Special Registration/Enrolment (General) under the Nurses Registration Ordinance, Cap. 164 <u>(for nurses trained outside Hong Kong)</u>				
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^				
Name of school/training institute:Address of school/training institute:				
Name of nursing programme:				
Commencement date: Completion date:	(DD/MM/YY)			
Mode of study*: Full-time Part-time Distance Learning Others	(rlasse gracify)			
^ Please delete as appropriate. * Please put a "✓" in the appropriate box.	(please specify)			
Record of Theoretical Instruction Hours (Including Laborat	ory Hours)			
Subject Areas	Clock Hours Note 1			
1. Concepts of Health/Health Care including:				
• Primary Health Care				

Total:

Total:

- Health Care Delivery System • Personal & Communal Health/Personal & Community Health •
- Social and Behavioural Sciences -2. lacksquare
 - Psychology (including Spiritual Aspects)
 - Sociology lacksquare

	Subject Areas	Clock Hours Note 1
3.	Biological/Integrated Sciences:	
	• Anatomy & Physiology, Growth & Development	
	Microbiology	
	• Pharmacology	
	• Nutrition & Dietetics	
	Total:	
4.	Professional Nursing:	
	• History of Nursing	
	• Philosophy and Nursing Theories/Models	
	• Ethics and Professional Issues	
	Legal Aspects	
	Nursing Research	
	Total:	
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
Introduction to Nursing Management including:	
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	

Grand Total	
Total:	
• Health Informatics	
• Preparation for the Roles of Nurses & Nurse Managers	

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	

7.

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	

^ *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 <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/training institute must be provided, or this document will be regarded as invalid.