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)

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

<u>Please fill in this form in print or typed letters in ENGLISH/CHINESE.</u>

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:	
● 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: ● Psychology (including Spiritual Aspects) ● Sociology	
Total:	
3. Biological/Integrated Sciences: ● Anatomy & Physiology, Growth & Development ● Microbiology ● Pharmacology ● Psychiatry	
Total:	
4. Professional Nursing: ● History of Psychiatric Nursing ● Philosophy and Nursing Theories/Models ● Professional Issues ● Ethics and Legal Aspects ● Nursing Research	
Total:	
5. Principles & Practice of Nursing: ● 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 Note 1
6. Introduction to Nursing Management including:	
● Principles of Management	
● Decision Making & Problem Solving	
● Planning and Organisation, 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

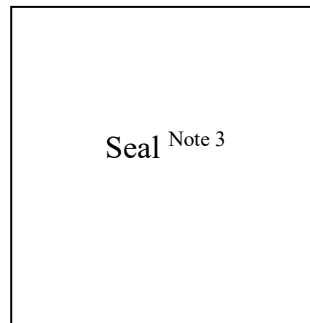| Specialty	Clock Hours Note 1
1. Acute and Rehabilitation:	
● Psychiatric Acute Nursing	
● Psychiatric Rehabilitation Recovery Nursing	
● Psychogeriatric Nursing	
● Child & Adolescent Psychiatric Nursing	
2. Community Psychiatric Nursing and Mental Health Outreach Service	
3. Nursing Management for 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.

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 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 <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.