

**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)**

**Notes to Employers**

**Eligibility**

Nurses trained outside Hong Kong who:

- (a) are of good character and have good professional conduct;
- (b) have completed a pre-qualification psychiatric nursing programme of normally not less than three years (for registration) or two years (for enrolment);
- (c) possess a valid certificate to practise nursing issued by a certifying body recognised by the Nursing Council of Hong Kong (“the Council”) from time to time as constituting sufficient evidence of his/her competency to practise psychiatric nursing at the time of his/her application;
- (d) have at least one year of full-time post-qualification clinical experience that is relevant to the employment; and
- (e) have been selected for full-time employment as a person with limited registration/enrolment in a designated institution.

**Vetting Procedures**

1. Upon the receipt of an application, an authorised person appointed by the employing institution should complete “Certification of Employment” (i.e. Annex I to Notes to Employers), check and certify all submitted documents by the applicant with a stamp containing the following information:
  - 1.1 signature of the authorised person and date marked under “Original Seen”/“Certified True Copy” or any wording with equivalent meaning; and
  - 1.2 full name and position in block letters of the authorised person.
2. Please assess whether the applicant concerned could apply for limited registration/enrolment (Psychiatric) by meeting the eligibility criteria (a) to (e).
  - 2.1 To ascertain the fulfilment of criterion (a), please refer to the “Declaration Form” and “Testimonial as to Character” on pages 5 to 6 of the application form, and check if the applicant is of good character and has good professional conduct.
  - 2.2 For criterion (b), please check the information as indicated in Part 2(B) on page 2 of the application form against the graduation certificate.
  - 2.3 For criterion (c), please check the information as indicated in Part 2(C) on page 3 of the application form against the registration/enrolment certificate and practising certificate.
  - 2.4 To ascertain the fulfilment of criterion (d), please refer to the information as indicated in Part 2(D) on page 3 of the application form as well as the documentary proof(s) of employment.
  - 2.5 For criterion (e), please complete the “Certification of Employment” for the applicant.

3. Please also check whether the applicant had confirmed in Part 4 on page 4 of the application form that the “Verification of Training Details” (i.e. Form 1(a)) and “Verification of Original Registration/Enrolment Outside Hong Kong” (i.e. Form 1(b)) had been sent to the training institute(s) and registration authority outside Hong Kong respectively.
4. Subject to meeting all the requirements for the application, the employing institution should send the applications of their potential employees whose eligibility can be preliminarily confirmed or ascertained in one lot to the Central Registration Office of the Department of Health with the following documents:
  - 4.1 a standardised covering letter (i.e. Annex II to Notes to Employers) signed by the authorised person of the employing institution confirming the applicants concerned have fulfilled the Council’s requirements for limited registration/enrolment and a list of applicants qualified with their full names in English and Chinese (if any); and
  - 4.2 one set of the following documents for each applicant:
    - 4.2.1 a duly completed application form for limited registration/enrolment (Psychiatric);
    - 4.2.2 an original “Declaration Form” on page 5 of the application form completed not more than six months before the application for limited registration/enrolment;
    - 4.2.3 an original “Testimonial as to Character” on page 6 of the application form completed not more than six months before the application for limited registration/enrolment;
    - 4.2.4 a duly completed “Certificate of Employment”;
    - 4.2.5 a certified true copy of Hong Kong Identity Card/Passport;
    - 4.2.6 a certified true copy of nursing graduation certificate;
    - 4.2.7 a certified true copy of valid certificate to practise nursing from the registration authority outside Hong Kong (i.e. registration/enrolment certificate and practising certificate) or other equivalent documentary evidence of entitlement to practise nursing outside Hong Kong;
    - 4.2.8 original and/or certified true copy of documentary proof(s) certifying that the applicant possessed at least one year of full-time post-qualification clinical experience that is relevant to the employment issued and/or certified by the applicant’s employer(s); and
    - 4.2.9 two unmounted copies of a photograph (passport size) of the applicant taken not more than two years before the date of application.
5. The Central Registration Office and the Council will process the applications and liaise with the employing institution if there is any discrepancy or missing information. Commonly identified issues resulting in a delay of application include:
  - 5.1 incomplete information
    - 5.1.1 The applicant needs to fill out the application form entirely and submit **all** required documents;
    - 5.1.2 An application cannot be processed until **all** information and documents are received by the Council;
    - 5.1.3 Full name of the applicant instead of his/her abbreviated name should be used where necessary;

5.2 mismatched information between documents

- 5.2.1 Information such as names, date of birth, dates of education, etc. provided by the applicant must match with the supporting documents submitted by the training institute/registration authority;
- 5.2.2 Any discrepancies will need to be clarified before the application can be processed further;

5.3 lack of documentary proofs

- 5.3.1 The required documentary proofs and/or supplementary proofs are not provided;
- 5.3.2 The documentary proofs are in languages other than English/Chinese (if the original documents are in other languages, official/certified translation in English must be provided simultaneously).

- 6. Upon approval of the applications by the Council, the applicant will be informed of the result through their employing institution. Upon receipt of the prescribed fee, a registration/enrolment certificate and a practising certificate will be issued to each successful applicant. The Council will maintain and upload the list of nurses under limited registration/enrolment (Psychiatric) to the website of the Council for public reference.

**Enquiries**

For enquiries, please contact the Council Secretariat at **(852) 2527 8351** during office hours, or by e-mail at [nc@dh.gov.hk](mailto:nc@dh.gov.hk).

The office hours of the Council Secretariat are as follows:

Mondays: 9:00 a.m. to 6:00 p.m. (*Lunch Hours: 1:00 p.m. to 2:00 p.m.*)  
Tuesdays to Fridays: 9:00 a.m. to 5:45 p.m. (*Lunch Hours: 1:00 p.m. to 2:00 p.m.*)  
Closed on Saturdays, Sundays and Public Holidays

November 2024

**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)**

**Certification of Employment**

**To be completed by employing institution**

Type of the employing institution\*:

- |                          |  |                          |  |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Department of Health   | <input type="checkbox"/> | Hospital Authority   |
| <input type="checkbox"/> | Gazetted nurse training schools  | <input type="checkbox"/> | Residential care homes for elderly under Cap. 459 (LORCHE No. _____) |
| <input type="checkbox"/> | Residential care homes for persons with disabilities under Cap. 613 (LORCHD No. _____) | <input type="checkbox"/> | Scheduled nursing homes under Cap. 633 (PHF No. _____)               |
| <input type="checkbox"/> | Others   |                          |  |

This is a certificate of employment in support of the application of \_\_\_\_\_ (applicant's name) for limited registration/enrolment^ (Psychiatric) under the Nurses Registration Ordinance (Cap. 164, Laws of Hong Kong).

1. I confirm that the applicant has been selected for full-time employment on the following terms:

- (a) Capacity of appointment: Psychiatric Nurse with Limited Registration / Psychiatric Nurse with Limited Enrolment^
- (b) Department/Office of the employing institution in which the applicant will be working: \_\_\_\_\_
- (c) Nature of duties to be performed: \_\_\_\_\_
- (d) Terms of appointment:
- New appointment / Renewal of contract^
- Commencement date (from \_\_\_\_\_ to \_\_\_\_\_)
- Date of first appointment: \_\_\_\_\_
- Duration of previous appointments: \_\_\_\_\_
- Number of renewals of contract: \_\_\_\_\_

\* Please only put ONE tick in the boxes provided as appropriate.

^ Please delete as appropriate.

(e) Any other remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The application for limited registration/enrolment (Psychiatric) is submitted on behalf of the applicant. One set of the following documents for the applicant is also enclosed:

- |   | Please tick              |
|---|--------------------------|
| (a) a duly completed application form for limited registration/enrolment (Psychiatric)  | <input type="checkbox"/> |
| (b) a certified true copy of Hong Kong Identity Card/Passport   | <input type="checkbox"/> |
| (c) a certified true copy of nursing graduation certificate   | <input type="checkbox"/> |
| (d) a certified true copy of valid certificate to practise nursing from the registration authority outside Hong Kong (i.e. registration/enrolment certificate and practising certificate) or other equivalent documentary evidence of entitlement to practise nursing outside Hong Kong | <input type="checkbox"/> |
| (e) original and/or certified true copy of documentary proof(s) certifying that the applicant possessed at least one year of full-time post-qualification clinical experience that is relevant to the employment issued and/or certified by the applicant's employer(s)                 | <input type="checkbox"/> |
| (f) two unmounted copies of a photograph (passport size) of the applicant taken not more than two years before the date of application  | <input type="checkbox"/> |

3. I certify that I have **personally** checked the personal particulars, the pre-registration/enrolment academic qualifications, professional nursing qualifications and the post-qualification clinical experience that is relevant to the employment together with the supporting documents provided in the application form.

4. I certify that the applicant's qualifications meet the criteria for limited registration/enrolment (Psychiatric) under the Nurses Registration Ordinance (Cap. 164, Laws of Hong Kong) and that the appointment is necessary and appropriate to meet the community's need for nursing service.

Signature: \_\_\_\_\_

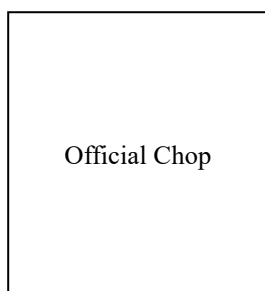
Name: \_\_\_\_\_  
*(in block letters)*

Position: \_\_\_\_\_

Employing institution: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_



To: Central Registration Office, Boards & Councils Office, Department of Health  
17/F, Wu Chung House, 213 Queen’s Road East, Wanchai, Hong Kong

*(Please mark “Application for Limited Registration/Enrolment (Psychiatric)” in the envelope)*

**Applications for Limited Registration/Enrolment (Psychiatric)**

This is to confirm that the applicants as listed in Appendix have met all the requirements of the Nursing Council of Hong Kong (“the Council”) for limited registration/enrolment (Psychiatric), including the requirements of academic/professional qualifications and clinical experience.

The applications for limited registration/enrolment (Psychiatric) are submitted on behalf of the applicants. One set of the following documents for each applicant is also enclosed:

- (a) a duly completed application form for limited registration/enrolment (Psychiatric);
- (b) an **original** “Declaration Form” on page 5 of the application form completed not more than six months before the application for limited registration/enrolment;
- (c) an **original** “Testimonial as to Character” on page 6 of the application form completed not more than six months before the application for limited registration/enrolment;
- (d) a duly completed “Certificate of Employment”;
- (e) a **certified true copy** of Hong Kong Identity Card/Passport;
- (f) a **certified true copy** of nursing graduation certificate;
- (g) a **certified true copy** of valid certificate to practise nursing from the registration authority outside Hong Kong (i.e. registration/enrolment certificate and practising certificate) or other equivalent documentary evidence of entitlement to practise nursing outside Hong Kong;
- (h) **original and/or certified true copy** of documentary proof(s) certifying that the applicant possessed at least one year of full-time post-qualification clinical experience that is relevant to the employment issued and/or certified by the applicant’s employer(s); and
- (i) two unmounted copies of a photograph (passport size) of the applicant taken not more than two years before the date of application.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
*(in block letters)*

Position: \_\_\_\_\_

Employing institution: \_\_\_\_\_  
LORCHE/LORCHD/PHF<sup>^</sup> no. \_\_\_\_\_  
(if applicable): \_\_\_\_\_

Telephone no.: \_\_\_\_\_

Email address: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>^</sup> Please delete as appropriate.

**List of Applicants Qualified for Limited Registration/Enrolment (Psychiatric)**

	<b>Name in English</b>	<b>Name in Chinese (if any)</b>	<b>Type of appointment</b> <b><u>Note 1</u></b> (i.e. (i) or (ii))	<b>Completed a nursing programme</b> (Y/N)	<b>Year of registration/enrolment outside Hong Kong</b>	<b>Clinical experience</b> <b><u>Note 2</u></b> (e.g. 1 Y 3 M)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Notes:**

- 1) Please fill in either **(i) or (ii)** with reference to the following:
  - (i) new employment under limited registration/enrolment; or
  - (ii) renewal of employment contract.
  
- 2) Please fill in the total number of years of full-time post-qualification clinical experience that is relevant to the employment in the format of “xx Years xx Months”.