**NURSING COUNCIL OF HONG KONG**

**Application Form for Accreditation/Re-accreditation as a Provider of Continuing Nursing Education**

*(Please submit three identical sets of the application forms and supporting documents, if any.)*

**Part I: Fact Sheet**

##### Name of the Organisation (Eng)

(Chi)

1. Correspondence Address
2. Name of Person-in-charge of the Organisation
3. Title or Position
4. Telephone Number 6. Fax. Number
5. E-mail Address
6. This is your organisation’s first application for accreditation

 Yes

 No, previous application for accreditation/re-accreditation had been granted for the period from (DD/MM/YY) to (DD/MM/YY).

 No, previous application for accreditation/re-accreditation had been rejected on

(DD/MM/YY).

1. There is a separate provider unit (i.e. department/division/unit/committee within the organisation) administratively and operationally responsible for co-coordinating all aspects of the continuing nursing education (CNE) programmes/activities offered by the organisation

 Yes (please specify the name of the provider unit: )

 No, the provider unit is the same as the organisation

1. Delegation of officer(s) to sign the certificates/written statements/records of CNE programmes/activities (**please provide a full list of delegated officer(s)**):

##### [Remarks: The delegation must be **personally endorsed** by the person-in-charge of the organisation in writing. The written records of all the delegation should be properly kept for at least six years and made available for the Council’s inspection when necessary.]

|  |  |
| --- | --- |
| Name of the delegated officer | Title/Position |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

Justifications of the delegation:

**Part II: Documentation Report for Internal Evaluation of CNE Provision**

***Data in response to Provider Accreditation Criteria***

|  |
| --- |
| **1. ~ Beliefs & goals of the organisation ~** |
| **2. ~ Educational goals of the CNE provider unit (if different from the above) ~** |
| **3. ~ Administrative & organisational structure ~**  (Organisational chart(s) or other schematic(s) that depict the provider unit’s line of authority and organisational communication within the organisation as a whole as well as within the provider unit.) |

##### The person-in-charge of the overall day-to-day management and operation of the provider unit is:

*(Name) (Qualifications) (Position/Title)*

List of Nurse Planner(s) responsible for the provider unit’s CNE programmes/activities who must be nursing-related degree holders or above, have at least 5 years of post-registration/post-enrolment clinical experience and should fulfill the CNE requirement as stipulated in the Council’s “Manual for Continuing Nursing Education System” (please fill in the CV at **Appendix of the Application Form** for the Nurse Planner(s) listed below):

*Name(s) Professional Qualifications Position/Title*

1. **~ Evaluation ~**

(Describe all methods used to evaluate the effectiveness of the provider unit and provide evidence of the implementation of each method. Examples include course planning committee, course handbook, information sheets, guide for designing programs, course evaluation reports, assessment of learners’ performance, types of assessment, arrangement of clinical practicum, feedback from teachers & learners etc.)

# Part III: Report Summary Sheet on CNE Programmes/Activities

|  |  |  |
| --- | --- | --- |
| **( for the period from** | **to** | **)** |
| *Month / Year* |  | *Month / Year* |

#### Note: i) For first application, the period to cover is the last 12 months

**ii) For re-accreditation, the period to cover is the past three years**

**Name of the Applicant Organisation Previous Accreditation Period\***

***Please fill in the table below and specify the name(s) of the co-organiser(s) if it is a co-provided programme/activity.***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Period and Title of the Programme/Activity** | **Name of Nurse Planner** | **Objectives** | **Total CNE Points\*** | **Time Frame** | | **Speaker(s)**  **(Name(s) & Professional Qualifications)** | **No. of Participants** | N**o. of nurse participants** | **Remarks** |
| **Theory (Hrs)** | **Clinical (Hrs / Days)** |
|  |  |  |  |  |  |  |  |  |  |

***\* For organisations applying for re-accreditation only.***

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**Part IV: Checklist**

##### To facilitate the processing of your application, please ensure that your application includes the following documents before submission. In addition, the Nursing Council of Hong Kong may request your organisation to provide further information for consideration of the application.

*Please put a tick in the boxes provided as appropriate:*

|  |  |
| --- | --- |
|  | 1. Completed Part I: Fact Sheet |
|  | 2. Completed Part II: Documentation Report for Internal Evaluation of CNE Provision |
|  | 3. Completed Part III: Report Summary Sheet on CNE Programmes/Activities |
|  | 4. Completed and Signed Part IV: Checklist |
|  | 1. A full set documentary proofs of one of the programmes/activities organised as listed in Part III, which should normally include, but not limited to the following:    * Marketing materials (e.g. leaflets, brochures)    * Rundown of the programme/activity    * Relevant meeting notes    * Attendance record    * Certificates/written statements/any record verifying the participant’s successful completion of the CNE programme/activity    * Sample evaluation form    * Evaluation report |
|  | 6. Policies and procedures used by the provider unit to guide the operation of the unit e.g. system for awarding credit, performance assessment policies |
|  | 7. Appendix of the Application Form: Curriculum Vitae (CV) of Nurse Planner |

**Submitted and signed by the person-in-charge of the applicant organisation:**

Name: Position/Title: Contact No.:

Signature: Date: Email:

Submitted for:

(Organisation Name)

**Appendix of the Application Form**

**Application for Accreditation/Re-accreditation as a Provider of Continuing Nursing Education**

**Curriculum Vitae (CV) of Nurse Planner**

*(Each Nurse Planner is required to fill in one CV)*

* 1. Full Name:
  2. Currently Registered/Enrolled with the Council: Yes / No (please delete as appropriate)
  3. Year of Registration/ Enrolment (RN/EN):
  4. Registration/Enrolment Number:
  5. Name of Present Employment Institution:
  6. Present Rank/Post:
  7. Please list hereunder, in chronological order, your nursing-related degree:

|  |  |  |
| --- | --- | --- |
| **Year of**  **Attainment** | **Qualifications** | **Institution** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* 1. Please list hereunder, in chronological order, your experiences in nursing:

|  |  |  |
| --- | --- | --- |
| **Period** | **Rank/Post** | **Institution** |
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* 1. Please list hereunder, in chronological order, a record of your CNE programmes/ activities in the past three years:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Nature of CNE Activities**  **(e.g. course, workshop, conference, etc.)** | **Programme Title** | **Programme Organiser(s) (Accredited CNE Providers in HK)** | **Date of Attendance** | | **CNE Points** | **Remarks** |
| From  **( DD/MM/YY)** | To  **(DD/MM/YY)** |
|  |  |  | **/ /** | **/ /** |  |  |
|  |  |  | **/ /** | **/ /** |  |  |
|  |  |  | **/ /** | **/ /** |  |  |
|  |  |  | **/ /** | **/ /** |  |  |
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|  |  |  | **/ /** | **/ /** |  |  |
|  |  |  | **/ /** | **/ /** |  |  |
|  |  |  | **/ /** | **/ /** |  |  |

**Personal Data Collection Statement**

I have read the Personal Data Collection Statement and give my consent for the Nursing Council of Hong Kong to use my personal data as provided in this CV for processing the application for accreditation/re-accreditation as a provider of continuing nursing education submitted by the applicant organisation.

Signature of the Nurse Planner:

Date:

PERSONAL DATA COLLECTION STATEMENT

Purpose of Collection

The personal data you provided to the Nursing Council of Hong Kong are for the purpose of the application you are currently making only. The provision of personal data is obligatory. If you do not provide the requested information, the Nursing Council of Hong Kong may turn down your application.

Classes of Transferees

1. The personal data you provided are mainly for use within the Nursing Council of Hong Kong but they may also be disclosed to other Government bureaux, departments, agencies or authorities for the purpose mentioned above, if necessary. Moreover, according to the Nurses Registration Ordinance (Cap. 164, Laws of Hong Kong), your name, address, date of registration/enrolment, registered/enrolled number and particulars of training and qualifications will be entered into the Register/Roll of Nurses for public inspection. Some or all of these data may also be published in the Gazette. Other than that, such data will only be disclosed to other parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance (Cap 486, Laws of Hong Kong). Please notify the Nursing Council of Hong Kong whenever there is any change of your personal data.

Access to Personal Data

1. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasion as mentioned in paragraph 1 above. A fee may be imposed for obtaining a copy of the data.

Enquiries

1. Enquiries concerning the personal data provided, including access and the making of corrections, should be addressed to:-

The Secretary, Nursing Council of Hong Kong 1/F, Shun Feng International Centre

182 Queen’s Road East

Wan Chai, Hong Kong Tel. : 2527 8351

Fax : 2527 2277