**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:

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| **Year of**  **Attainment** | **Qualifications** | **Institution** |
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* 1. Please list hereunder, in chronological order, your experiences in nursing:

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| **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:

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| --- | --- | --- | --- | --- | --- | --- |
| **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