

The Nursing Council of Hong Kong

Application for Temporary Registration / Enrolment under the Nurses Registration Ordinance (Chapter 164)

Type of application*:

☐

Temporary Registration (General)

☐

Temporary Registration (Psychiatric)

☐

Temporary Enrolment (General)

☐

Temporary Enrolment (Psychiatric)

In accordance with section 9C or 15C of the Nurses Registration Ordinance (Cap. 164, Laws of Hong Kong), an application is hereby submitted on behalf of the following person (“the subject person”):-

..... (.....), who was
(Name in English) (Name in Chinese, if any)

born on....., is Male / Female^ and holder of HKID Card No.
(dd/mm/yyyy)

and/or Passport^ of (issuing country and place).....No.

2. The subject person’s permanent address is

and the local address (while in Hong Kong) is

3. The subject person holds the following professional qualifications:-

4. I confirm that the subject person will be engaged as

..... for the purpose of
(Name / Title of post)

.....
(Nature of duties)

in.....
(Title of institution in full in capital letters)

for the period from.....to
(dd/mm/yyyy) (dd/mm/yyyy)

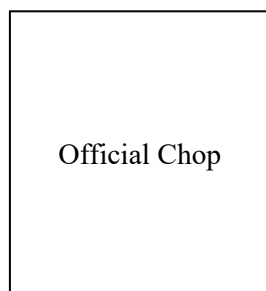
5. One set of the following documents of the subject person is also enclosed:

Please tick

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| (a) a duly completed "Declaration Form" by the subject person | <input type="checkbox"/> |
| (b) a certified true copy of Hong Kong Identity Card/Passport^ | <input type="checkbox"/> |
| (c) 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"/> |
| (d) a copy of curriculum vitae of the subject person | <input type="checkbox"/> |
| (e) two unmounted copies of a photograph (passport size) of the subject person taken not more than two years before the date of application | <input type="checkbox"/> |

6. I further confirm that the subject person is in all the circumstances eligible under section 9C or 15C of the Nurses Registration Ordinance (Cap. 164, Laws of Hong Kong) for temporary registration / enrolment^ with the Nursing Council of Hong Kong; and that this application is supported by

(Name of institution)



Signature: _____

Name: _____
(in block letters)

Position: _____
Head / Dean of Institution^

Telephone no: _____

Email address: _____

Date: _____

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

^ Please delete as appropriate.

DECLARATION FORM

I declare that:

- (a) I have/have not[^] been convicted of any offence punishable with imprisonment in Hong Kong or elsewhere. ^[Notes 1&2]
- (b) there are/are no[^] criminal proceedings in progress against me in Hong Kong or elsewhere. ^[Note 3]
- (c) I have/have not[^] been found guilty of unprofessional conduct in place(s) outside Hong Kong. ^[Note 1]
- (d) there are/are no[^] disciplinary proceedings by any professional body in progress against me in place(s) outside Hong Kong. ^[Note 3]

In the event of any change in the accuracy of the declarations made in paragraphs (a) to (d) above, following my conviction of any offence punishable with imprisonment in Hong Kong or elsewhere, commencement of any criminal proceedings against me in Hong Kong or elsewhere, being found guilty of any unprofessional conduct in place(s) outside Hong Kong and/or commencement of any professional disciplinary proceedings against me in place(s) outside Hong Kong subsequent to the completion of the Declaration Form, I undertake to notify and to update the Secretary of the Nursing Council of Hong Kong with the same as soon as it is practicable and with no delay.

Signature of subject person: _____

Name of subject person: _____

(English)

(Chinese)

Correspondence address of applicant: _____

Contact telephone no. (preferably in Hong Kong): _____

Email address: _____

Date (dd/mm/yyyy) ^[Note 4]: _____

[^] Please delete as appropriate.

Note 1 : If it is in the affirmative, full details must be attached. If you are not sure whether the conviction / unprofessional conduct should be reported, please provide full details to the Nursing Council of Hong Kong for follow-up action.

Note 2 : No exemption will be granted under the Rehabilitation of Offenders Ordinance (Cap. 297, Laws of Hong Kong). You are therefore required to make such a declaration in any circumstances.

Note 3 : If there are any such proceedings, full details must be attached. If you are not sure whether the criminal / professional disciplinary proceeding should be reported, please provide full details to the Nursing Council of Hong Kong for follow-up action.

Note 4 : The date of declaration must not be more than six months before the application is received by the Nursing Council of Hong Kong, otherwise, it will be regarded as invalid.

Note 5 : Any amendments made should be initialed by the respective person, i.e., the person who has made the amendments.

Notes on Application for Temporary Registration / Enrolment

The following documents should be supplied, in addition to the “Application form for Temporary Registration / Enrolment”:-

- (a) Certified true copy of Hong Kong Identity Card/Passport of the subject person;
- (b) 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;
- (c) A copy of curriculum vitae of the subject person; and
- (d) Two unmounted copies of a photograph (passport size) of the subject person taken not more than two years before the date of application.

(Note: The application should be accompanied with a crossed cheque or banker’s draft for **HK\$1 420*** made payable to “The Government of the Hong Kong Special Administrative Region” for the registration / enrolment (HK\$1 190) and the issue of a practising certificate (HK\$230) under temporary registration / enrolment. [* Fees subject to revision.]

PERSONAL DATA COLLECTION STATEMENT

Purpose of Collection

The personal data you provided to the Nursing Council of Hong Kong (“the Council”) 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 Council may turn down your application.

Classes of Transferees

2. The personal data you provided are mainly for use within the Council but they may also be disclosed to other Government bureaux, departments, agencies or authorities in connection with the purpose mentioned above, if necessary. According to the Nurses Registration Ordinance (Cap. 164, Laws of Hong Kong), the Council shall cause a Register of Nurses (“the register”)/Roll of Enrolled Nurses (“the roll”) (except for Division 4 of the register/roll) to be kept which shall contain such particulars as may be specified by the Council for public inspection. The register/roll contains your name, address, date of registration/enrolment, registration/enrolment number and particulars of training and qualifications, etc. 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 Council whenever there is any change of your personal data.

Access to Personal Data

3. 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

4. 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