

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

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

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: <ul style="list-style-type: none"> ● Psychology (including Spiritual Aspects) ● Sociology 	
Total:	
3. Biological/Integrated Sciences: <ul style="list-style-type: none"> ● Anatomy & Physiology, Growth & Development ● Microbiology ● Pharmacology ● Psychiatry 	
Total:	
4. Professional Nursing: <ul style="list-style-type: none"> ● History of Psychiatric Nursing ● Philosophy and Nursing Theories/Models ● Professional Issues ● Ethics and Legal Aspects ● Nursing Research 	
Total:	
5. Principles & Practice of Nursing: <ul style="list-style-type: none"> ● 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: <ul style="list-style-type: none"> ● 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: <ul style="list-style-type: none"> ● 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 clock hours and clinical experience in clock hours 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.