Record of Training and Clinical Assessment

(This record form show	ald be completed and sign	ned by an authorized person of	f the training school)
Name of Graduate:		Student ID:	

Theoretical Instruction

Item/ Section Note 1	Topic Note 1	Training Hours
e.g. 1A	General, Behavioural and Life Sciences Relevant to Nursing	320
	Total ^{Note2} :	

Clinical Practicum

Clinical Areas	Day duties (Hours)	Night Duties (Hours) (If applicable)	Total (Hours)
e.g. Medical Nursing	400	40	440
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
		Total Note3:	

Clinical Assessment

I confirm that the graduate has passed in clinical assessments required by the Council as follows:-

Assessment Area Note4 :		
Date of assessment :		

Note 1:

Refer to the Council's requirements as set out in the respective syllabus:

- (a) A Reference Guide to the Syllabus of Subjects and Requirements for the Preparation of Registered Nurse (General) in the Hong Kong Special Administrative Region;
- (b) A Reference Guide to the Syllabus of Subjects and Requirements for the Preparation of Registered Nurse (Psychiatric) in the Hong Kong Special Administrative Region;
- (c) Core-Competencies for Enrolled Nurses (General) and a Reference Guide to the Syllabus of Subjects and Requirements for the Preparation of Enrolled Nurse (General) in the Hong Kong Special Administrative Region; and
- (d) Core-Competencies for Enrolled Nurses (Psychiatric) and a Reference Guide to the Syllabus of Subjects and Requirements for the Preparation of Enrolled Nurse (Psychiatric) in the Hong Kong Special Administrative Region.

Note 2:

The theoretical training hours must comply with the minimum requirements of the Nursing Council of Hong Kong as set out in the respective syllabus as stated in **Note 1** above.

Note 3:

The clinical training hours must comply with the minimum requirements of the Nursing Council of Hong Kong as set out in the respective syllabus in **Note 1** above.

Note 4:

Continuing Clinical Assessment should be adopted to assess the clinical competency of the students. The nature and areas of assessment must comply with the requirements of the Nursing Council of Hong Kong as set out in the respective syllabus in **Note 1** above.

Signature:	
Name in block letter:	
Title:	
Date:	