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| --- | --- | --- | --- |
| I,  |  | Fellow Diploma Number: |  |
| Fellow Member of the Hong Kong College of | Perioperative Nursing |
|  | I am applying for restoration of Fellow Membership for the Year April 2018 to March 2019. |
|  My last Fellow Membership paid up year was □ from April  |  | to |  | / □ unknown |

1. **Personal Particulars**

**\* Please type or complete the form in BLOCK LETTERS and circle as appropriate**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title:\* Ms /Mr /Mrs /Dr/Prof | Surname: |  | Given Name:  |  |
| Name in Chinese: |  | Sex \* F / M |
| Job Title: |  |
| Current Working Place/Area: |  |
| HK ID No.: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | ( ) |

 | First 4 digits of your HKID number |
| Correspondence Address:  |  |
|  |  |
| Contact: | Mobile Phone No.: |  | Office: Tel. No.: |  |
|  | Email Address:  |  |
| Registration No. of Registered Nurse / Midwives Certificate Issued by Nursing Council: ng Kong |  |
| Expiry Date of Practising Certificate:  |  | (DD/MM/YY) |

1. **Post-registration Working Experience in Nursing Relevant to Application**

**(The following entries should be written in descending chronological order in recent 5 years)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Specialty / Department** | **Working Institution / Hospital** | **Period****(From Month / Year****To Month /Year)** |
| 1. |  |  |  |
| 2.  |  |  |  |
| 3.  |  |  |  |
| 4.  |  |  |  |

**SUPPORTIVE DOCUMENTS (Mandatory)**

I enclose the following documents to support my application:

🗖 (1) copy of valid registered nurse practising certificate

🗖 (2) copy of Diploma of Fellowship

🗖 (3) copy of curriculum vitae

🗖 (4) evidence of achieved 60 CNE points within 3-year cycle which include 45 CNE points Perioperative specialty related (With reference to HKAN CNE form)

|  |  |
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| 🗖 (5) others |  |

**DECLARATION**

1. I hereby declare that I agree to provide the above information to the Hong Kong College of Perioperative Nursing and the information provided in support of this application is accurate to this date.
2. I understand that the information provided herewith will be forwarded to the Hong Kong Academy of Nursing for processing my Fellow membership restoration application.
3. I hereby declare that:

3.1 I \*have / have never been convicted of a criminal offence punishable with imprisonment (irrespective of whether actually sentenced to imprisonment) in Hong Kong or elsewhere.

3.2 I \*have / have never been found guilty of professional misconduct by any professional body in Hong Kong or elsewhere.

1. I understand that it is my responsibility to inform the College for any change in the above information, such as place of work, correspondence address and additional related qualification(s), etc. The College will not have to be responsible for any issues arise as a result of my failure to inform.

\* Delete as appropriate

Signature of Applicant Date

|  |
| --- |
| I enclose herewith a crossed cheque $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_with cheque no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank to be payable to the **Hong Kong College of Perioperative Nursing** to pay for the lapsed annual membership fee $\_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_years = $\_\_\_\_\_\_\_\_\_\_ (from\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ ) **together with addition of $1000 administration fee**. |

Note: Please mail this application form and the supportive documents together with the crossed cheque to: Administrative Office, **Hong Kong College of Perioperative Nursing**, c/o The Hong Kong Academy of Nursing

 LG1, School of Nursing, Lai king Hill Road, Lai Chi Kok, Kowloon

Deadline: 31/8/2018

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Signature of Applicant Date

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| --- |
| **FOR ACADEMY COLLEGE USE****Supported by**  |
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|  |  |  |
| --- | --- | --- |
|  | Signature Block Letters  | Date \_\_\_\_\_\_\_\_ |
| **Endorsed by** |  |
|  | Signature Block Letters  | Date \_\_\_\_\_\_\_\_ |
|  | (President) |  |

 |
| **FOR HKAN R&MC Committee USE** |
| **Checked & Endorsed by**  |
|

|  |  |  |
| --- | --- | --- |
|  | Signature Block Letters  | Date \_\_\_\_\_\_\_\_ |
|  | Signature Block Letters  | Date \_\_\_\_\_\_\_\_ |

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\* Delete as appropriate

Please note the following information:

1. The announcement for “Application for Restoration of Fellow Membership” will be posted at the HKAN website and the HKAN Newsletter.
2. The application for restoration of Fellow membership is open; the lapsed period is counted from the last paid up membership year.
3. It is at the discretion of the Academy Colleges to invite target ex-Fellow Members to restore their fellow membership.
4. It is at the discretion of HKAN to consider the acceptance of individual application for restoration of Fellow Membership.
5. The declared criminal conviction or professional misconduct would be considered by HKAN and does not necessarily prevent the restoration.
6. The successful restoration of Fellow Membership is not valid for the lapsed period. After restoration, the Fellow Member cannot claim to be a Fellow Member during the lapsed period as the registration was removed from the Academy Registry during that lapsed period. The restoration process is only completed with the payment of full Fellow Membership fee for the whole lapsed period.
7. The counting of the unpaid Fellow Membership fee for restoration of the membership will be based on a full year basis. There is no pro-rata payment.
8. The HKAN will levy administrative fee for handling each restoration application.
9. The policy applies to Fellow Membership awarded by examination or grandfathering.