

Post - registration Certificate Course in
Primary Health Care Nursing
(District Health Center Module April 2021)
Application Form

The personal data provided in this form will be used for processing your application for enrolment in this course by the Course Registrar. This form should be completed and returned with a crossed cheque and **ALL** relevant documents to **The Project Coordinator, The Hong Kong Academy of Nursing, Princess Margaret Hospital Nurses Quarters, LG1, 232, Lai King Hill Rod, Kowloon** on or before 15 March 2021.

1. PERSONAL INFORMATION (Please fill in your full name [surname first] in block letters, as in your HKID Card)

Dr/Mr/Mrs/Ms/Miss* _____

Name in Chinese characters (if any) _____

Address : (please print) _____

_____ Email: (please print) _____

Tel No.: _____

_____ (Home)

_____ (Office)

_____ (Mobile Phone)

_____ (Fax)

2. PRESENT EMPLOYMENT STATUS

Current employed: _____ yes / no
if yes, please complete below

Position: _____ Department: _____ Hospital/Organization : _____

Name and address of organization: _____

*** 3. QUALIFICATIONS (mandatory)**

Professional Qualifications: 1. RN(G)/RN(Psy)/RM No.: _____ Registered in year _____

2. _____

3. _____

Academic Qualifications :

1. _____

2. _____

3. _____

4. _____

4. MEMBERSHIP (If any)

HKAN Fellow or HKAN Ordinary Member Membership number: _____ or

HKAFMPHCN /HKCNS /HKAOHN /HKSPHN Membership number: _____.

***Note: must submit ALL copies of (3) for verifications.**

Date: _____ Signature: _____