**APPLICATION FORM FOR**

**NON-LOCAL FELLOWSHIP**

**IMPORTANT NOTES TO APPLICANT:**

**Please refer to the “POINTS TO NOTE” section on pages 6-7 prior to filling out this application form.**

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:

Employing Institute:

HKID/Citizenship/Password No.: (Please enter the first 4 alpha-numeric characters e.g. A123)

Issuing Country:

Correspondence Address:

Contact: Mobile Phone No.: Office Tel. No.: -

Email Address: -

Registration Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_Issued by -

Expiry Date of Practicing License (if applicable): (DD/MM/YY)

1. **Academic and Professional Qualifications**

***(The following entries should be written in chronological order)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Course / Program Title** | **Training Institution / Country** | **Qualification Attained** | **Year (Awarded)** |
| 1. Nursing   Related  Qualification | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| B. Related Specialty Training | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 1. Others   (please specify) |  |  |  |  |

1. **All Relevant Post-Registration/Qualification Working Experience in Nursing**

***(The following entries should be written in chronological order)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Specialty / Department** | **Working Institution/ Hospital / Country** | **Period** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

1. **Significant Contributions to the Nursing Profession**
2. **Played a leadership role in specialty-related activities with exceptional/ excellent achievement/ contribution which exceed current position/ job expectation**

|  |  |  |
| --- | --- | --- |
| **Activities** | **Program / Project Title** | **Period / Year** |
| 1. |  |  |
| Position/Role in the Activity:  Outcomes /Achievement (≤ 100 words) | | |
| 2. |  |  |
| Position/Role in the Activity:  Outcomes/ Achievement (≤ 100 words) | | |
| 3. |  |  |
| Position/Role in the Activity:  Outcome/ Achievement (≤ 100 words) | | |

1. **Invited member in local, national and/or international initiatives**

|  |  |  |
| --- | --- | --- |
| **Position** | **Activity Title** | **Period / Year** |
| 1. |  |  |
| Position/Role in the Initiative:  Outcomes/Achievements (≤ 100 words) | | |
| 2. |  |  |
| Position/Role in the Initiative:  Outcomes/Achievements (≤ 100 words) | | |
| 3. |  |  |
| Position/Role in the Initiative:  Outcomes/Achievements (≤ 100 words) | | |
| 4. |  |  |
| Position/Role in the Initiative:  Outcomes/Achievements (≤ 100 words) | | |

1. **Demonstrated contributions in nursing practice and service development, such as making major quality improvement, leading evidence-based practice, translating research findings into practice, facilitating service transformation or innovative nursing practices etc.**

|  |  |  |
| --- | --- | --- |
| **Position** | **Activity Title** | **Period / Year** |
| 1. |  |  |
| Position/Role in the Project:  Outcomes/Achievements (≤ 100 words) | | |
| 2. |  |  |
| Position/Role in the Project:  Outcomes/Achievements (≤ 100 words) | | |
| 3. |  |  |
| Position/Role in the Project:  Outcomes/Achievements (≤ 100 words) | | |

1. **Others**

|  |
| --- |
| Position/Role in the Project:  Outcomes/Achievements (≤ 100 words) |

1. **Supportive Document**

I enclosed the following documents to support my application:

□ (1) certified copy of a valid nurse/ midwife registration certificate

□ (2) certified copy of the certificate of the higher academic qualification

□ (3) certified copy or copies of specialty nursing-related certificate(s)

□ (4) certified copy or copies of working experience in nursing and related specialty

□ (5) Others:

**VI. Declaration**

1. I hereby declare that I agree to provide the above information to The Hong Kong College of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the information provided in support of this application is accurate to this date.

1. I understand that the information provided herewith will be forwarded to the HKANM for

processing my fellow membership application.

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

Signature of Applicant Date

1. **The applicant should be nominated by 2 eligible referees**

**Referee 1 (Professionally Affiliated)**

Name Position

Hospital / Institution Email Address

**Referee 2 (Professionally Affiliated)**

Name Position

Hospital / Institution Email Address

**Points to Note**

1. Entry Requirements
   1. /Hold a valid **nurse/ midwife registration certification** issued by: the certifying licensing institution;
   2. Have accumulated **15** years of **clinical experience** in related specialty, with 7 years specifically in the named specialty (as indicated in the fellow title of the application). This includes the most recent and current 5 year, supported by evidence;
   3. Possess a higher academic qualification in the related specialty;
   4. Possess a higher clinical qualification/accredited training in related specialty;
   5. Have obtained a recognized certification / credentialling in the related specialty;

* Have demonstrated a significant **contribution to the Nursing Profession**, with initiatives at the cross-hospitals / sectors/ corporate levels, including Played a leadership role of specialty-related activities, achieving exceptional/ excellent achievement / contribution which exceed current position/ job expectation.
* ~~Being~~ Invited as council member or office bearer of nursing professional bodies locally or internationally.
* Demonstrated contributions in nursing practice and service development, such as major quality improvement, leading evidence-based practice, translating research findings into practice, actualizing service transformation or innovative nursing practice etc.

1. Application Procedure
   1. Download the application form from the HKANM website or click the QR Code provided on the poster.
   2. Complete the application form and prepare **certified copy of related documents** as required.
   3. Send the completed and signed application form, together with the supporting documents, to the college to which you wish to apply before the deadline.

1. Acceptance of Application
   1. Preliminary vetting of application will be done by college RMC.
   2. The application documents will then be submitted to RMC of HKANM for further vetting via college after college’s vetting.
   3. Final endorsement will be sought from Council of HKANM after passing the RMC vetting.
   4. A confirmation letter with Fellow No. will then be issued to the individual who successfully becomes a Non-Local Fellow, either by email or by post.
   5. An **annual subscription fee of HKD 2,000** will be charged upon of the successful application.
   6. Personal fellowship data will be uploaded on the website member zone according to the provided information