**APPLICATION FORM FOR**

**NON-LOCAL FELLOWSHIP**

**非本地院士申请表**

**IMPORTANT NOTES TO APPLICANT 申请人注意事项:**

**Please refer to the “POINTS TO NOTE” section on pages 8 - 9 prior to filling out this application form. 填写此申请表前，请参阅第 8 - 9 页的“注意事项”部分。**

1. **Personal Particulars 个人资料**

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

Title称号: \*Ms. /Mr. /Mrs. /Dr. /Prof. 女士 / 先生 / 太太 / 博士 / 教授

Surname姓:

Given Name名字:

Sex性别: \* F 女/ M 男

Job Title 工作职称:

Employing Institute 工作单位:

HKID/Citizenship/Password No. 香港身份证/公民身份/护照号码:

(Please enter the first 4 alpha-numeric characters e.g. A123. 请填写前 4 个字母数字字符，例如 A123)

Issuing Country签发国/地区:

Correspondence Address 通讯地址:

Contact联系方式:

Mobile Phone No. 手机号码:

Office Tel. No. 办公室电话:

Email Address电子邮箱:

Registration Certificate No. 注册证件号码 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issued by签发机构

Expiry Date of Practicing License (if applicable) 执业许可证到期日（如适用）:

(DD日 /MM月/YY年)

1. **Academic and Professional Qualifications 学历及专业资格**

***(The following entries should be written in chronological order请依日期先后填写 )***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Course / Program Title**  **课程/项目名称** | **Training Institution / Country培训机构/国家** | **Qualification Attained**  **取得资格** | **Year (Awarded)**  **授予年份** |
| 1. Nursing   Related  Qualification  护理相关资格 | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| B. Related Specialty Training  相关专业培训 | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 1. Others   (please specify)  其他  (请明确说明) |  |  |  |  |

1. **All Relevant Post-Registration/Qualification Working Experience in Nursing 所有注册后/取得护理资格的相关工作经验**

***(The following entries should be written in chronological order 按年份排列)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Position职位** | **Specialty / Department**  **专科/部门** | **Working Institution/ Hospital / Country**  **工作机构/医院/国家** | **Period**  **时期** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

1. **Significant Contributions to the Nursing Profession**

**对护理专业的重大贡献**

1. **Played a leadership role in specialty-related activities with exceptional/ excellent achievement/ contribution which exceed current position/ job expectation**

**在专科相关活动中发挥领导作用，取得超出目前职位/工作的期望,卓越的成就/贡献**

|  |  |  |
| --- | --- | --- |
| **Activities活动** | **Program / Project Title计划/项目名称** | **Period / Year****时期/年份** |
| 1. |  |  |
| Position/Role in the Activity计划/项目中的岗位/角色:  Outcomes /Achievement (≤ 100 words) 成果/成就（≤100字）： | | |
| 2. |  |  |
| Position/Role in the Activity计划/项目中的岗位/角色:  Outcomes/ Achievement (≤ 100 words) 成果/成就（≤100字）： | | |
| 3. |  |  |
| Position/Role in the Activity计划/项目中的岗位/角色:  Outcome/ Achievement (≤ 100 words) 成果/成就（≤100字）： | | |

1. **Invited member in local, national and/or international initiatives 地方、国家和/或国际倡议项目的受邀成员**

|  |  |  |
| --- | --- | --- |
| **Position职位** | **Activity Title活动主题** | **Period / Year时期/年份** |
| 1. |  |  |
| Position/Role in the Initiative计划/项目中的岗位/角色:  Outcomes/Achievements (≤ 100 words) 成果/成就（≤100字）： | | |
| 2. |  |  |
| Position/Role in the Initiative计划/项目中的岗位/角色:  Outcomes/Achievements (≤ 100 words) 成果/成就（≤100字）： | | |
| 3. |  |  |
| Position/Role in the Initiative计划/项目中的岗位/角色:  Outcomes/Achievements (≤ 100 words) 成果/成就（≤100字）： | | |
| 4. |  |  |
| Position/Role in the Initiative计划/项目中的岗位/角色:  Outcomes/Achievements (≤ 100 words) 成果/成就（≤100字）: | | |

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. 在护理实践和服务发展方面有显著贡献，如做出重大质量改进、引领循证实践、将研究成果转化为实践、促进服务转型或创新护理实践等**

|  |  |  |
| --- | --- | --- |
| **Position岗位** | **Activity Title活动主题** | **Period / Year时期/年份** |
| 1. |  |  |
| Position/Role in the Project计划/项目中的岗位/角色:  Outcomes/Achievements (≤ 100 words) 成果/成就（≤100字）： | | |
| 2. |  |  |
| Position/Role in the Project计划/项目中的岗位/角色:  Outcomes/Achievements (≤ 100 words) 成果/成就（≤100字）: | | |
| 3. |  |  |
| Position/Role in the Project计划/项目中的岗位/角色:  Outcomes/Achievements (≤ 100 words) 成果/成就（≤100字）： | | |

1. **Others 其他**

|  |
| --- |
| Position/Role in the Project计划/项目中的岗位/角色:  Outcomes/Achievements (≤ 100 words) 成果/成就（≤100字）： |

1. **Supportive Document 支持文件**

I enclosed the following documents to support my application: 本人附上下列文件以支持我的申请（请在□打勾“√”）：

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

有效的护士/助产士注册证书的电子扫描件/复印件

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

高等学历证书的电子扫描件/复印件

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

专业护理相关证书的电子扫描件/复印件

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

护理及相关专业工作经验证明材料的电子扫描件/复印件

□ (5) Others:

其他重要贡献证明材料的电子扫描件/复印件，如果适用

**VI. Declaration 声明**

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.

本人特此声明，本人同意向香港 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 学院提供上述资料，且本申请而提供的资料截至目前均准确无误。

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

processing my fellow membership application.

本人明白，随函附上的资料将转发给香港护理及助产专科学院，以便处理本人的会员申请。

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.

本人明白，本人有责任通知学院上述资料的任何变更，例如工作地点、通讯地址和其他相关资格等。学院对因本人未能通知而可能出现的任何问题概不负责。

Signature of Applicant Date

申请人签名 日期

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

**申请人需获得 2 名合格推荐人提名**

**Referee 1 (Professionally Affiliated) 推荐人 1 (附属专业)**

Name姓名

Position 职位

Hospital / Institution 医院 / 机构

Email Address 电子邮箱

**Referee 2 (Professionally Affiliated) 推荐人 2 (附属专业)**

Name姓名

Position 职位

Hospital / Institution医院 / 机构

Email Address电子邮箱

**Points to Note 注意事项**

1. Entry Requirements**入会要求**
   1. /Hold a valid **nurse/ midwife registration certification** issued by: the certifying licensing institution;

持有有效的护士/助产士注册证书，证书颁发机构为认证机构；

* 1. 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;

在相关专科积累了 15 年的临床经验，其中 7 年专门从事指定专科（如申请中的研究员头衔所示）。这包括最近和当前的 5 年，并提供证据支持；

* 1. Possess a higher academic qualification in the related specialty;

拥有相关专科的高等学历；

* 1. Possess a higher clinical qualification/accredited training in related specialty;

拥有相关专科的高等临床资格/认证培训；

* 1. Have obtained a recognized certification / credentialling in the related specialty;

已获得相关专科的认可证书/资格证书；

* 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.

在跨医院/部门/公司层面积极推动护理专业，包括在专科相关活动中发挥领导作用，取得超出当前职位/工作期望的卓越/优秀成就/贡献。

* Invited as council member or office bearer of nursing professional bodies locally or internationally.

受邀担任本地或国际护理专业机构的理事会成员或负责人。

* 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.

在护理实践和服务发展方面有显著贡献，如重大质量改进、引领循证实践、将研究成果转化为实践、实现服务转型或创新护理实践等。

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1. Application Procedure**申请程序**
   1. Download the application form from the HKANM website or click the QR Code provided on the poster.

从香港护理及助产专科学院网站下载申请表或点击海报上的二维码。

* 1. Complete the application form and prepare **certified copy of related documents** as required.

完成填写申请表并按要求准备相关文件的认证副本。

* 1. Send the completed and signed application form, together with the supporting documents, to the college to which you wish to apply before the deadline.

在截止日期前将填妥并签署的申请表连同支持文件一起寄送至你希望申请的学院。

1. Acceptance of Application**接受申请**
   1. Preliminary vetting of application will be done by college RMC.

学院的会员注册委员会先为将对申请进行初步审查。

* 1. The application documents will then be submitted to RMC of HKANM for further vetting via college after college’s vetting.

申请文件经学院审查后，将提交给香港护理及助产专科学院的会员注册委员会进行进一步审查。

* 1. Final endorsement will be sought from Council of HKANM after passing the RMC vetting.

通过会员注册委员会审查后，将提交给香港护理及助产专科学院理事会作最终批准。

* 1. 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.

成功成为非本地院士的人士将获发一封确认信，信中会附有院士编号，以电邮或邮寄方式寄出。

* 1. An **annual subscription fee of HKD 2,000** will be charged upon of the successful application.

成功申请后，每年须缴付港币 2,000 元的会费。

* 1. Personal fellowship data will be uploaded on the website member zone according to the provided information

个人院士资料将根据所提供的资料上载至网站会员专区。