Date: 08 January 2024

Post –registration Certificate Course in Primary Health Care Nursing (District Health Center Module October 2024) Application Form

The personal data provided in this form will be used for processing your application for enrolment in the relevant course, by the administrative and academic departments concerned. This form should be completed and returned together with a cheque to The Hong Kong Academy of Nursing & Midwifery Ltd, c/o Ms. Jane WONG, Operations Manager, HKANM, Unit 4-5, 6/F, Nan Fung Commercial Center, 19 Lam Lok Street, Kowloon Bay, Kowloon, Hong Kong on or before 31 August 2024.

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

Dr/Mr/Mrs/Ms/Miss* _____

Name in Chinese characters (if any) _____

Address for correspondence: _____

_____ Email address: _____

Tel No.: _____ (Home) _____ (Office) _____ (Mobile Phone) _____ (Fax)

2. PRESENT EMPLOYMENT STATUS

Current employment Please delete whichever appropriate: yes / no

if yes, please complete below _____

Current Position: _____ Current Department: _____ Current Hospital/Organization :_____

Name and address of organization _____

_____

3. QUALIFICATIONS

Professional Qualifications: _____

_____

Academic Qualifications: _____

4. MEMBERSHIP (If any)

- ☐ HKANM Fellow Membership number:_____or
- ☐ Membership of HKCCPHN (HKAFMPHCN /HKCNS /HKAOHN /HKSPHN) No.: _____.

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I declare the above information and the attached certificates/reference are true and correct.

Date: _____ **Signature:** _____

The CERTIFICATE will only be granted to candidate who registers in the FULL Certificate course, with satisfactory results in the course assessment. For details please contact Ms Jane WONG 2370 0335 or om@hkanm.hk