Post – registration Certificate Course in
Primary Health Care Nursing
(District Health Center Module 2020)
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 10 September 2020.

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:** _____