



APPLICATION FORM FOR NON-LOCAL FELLOW

IMPORTANT NOTES TO APPLICANT:

Please refer to the “PROCEDURAL GUIDE” on pages 6 prior to filling out this Application Form.

I. 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/Passport 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)

II. Academic and Professional Qualifications

(The following entries should be written in chronological order)

	Course / Program Title	Training institution/Country	Qualification attained	Year (awarded)
A. Nursing Related Qualification	1.			
	2.			
	3.			
B. Related Specialty Training	1.			
	2.			
	3.			
C. Others (please specify)				



III. 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.			

IV. Significant Contributions to the Nursing Profession

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

Activities	Program Title	Period / Year
1.		
Position/Role in the Activity: Outcome (≤ 100 words)		
2.		
Position/Role in the Activity: Outcome (≤ 100 words)		
3.		
Position/Role in the Activity: Outcome (≤ 100 words)		



B. 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)		

C. 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 engaging in 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)		

C. Others

Position/Role in the Project: Outcomes/Achievements (≤ 100 words)
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V. Supportive Document

I enclosed the following documents to support my application. Please in the appropriate box:

- (1) certified copy of 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) copies of evidence/material of the significant contributions, if applicable:
 - A () _____
 - B () _____
 - C () _____
 - D () _____
- (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.
2. I understand that the information provided herewith will be forwarded to the HKANM or processing my fellow membership application.
3. I understand that it is my responsibility to inform the College for any change 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

VII. 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 _____



PROCEDURAL GUIDE

Applying for Non-local (Grandfather/Grandmother) Fellowship

Non-local (Grandfather/Grandmother) Fellowship Program

The Academy of Nursing & Midwifery (HKANM) was incorporated the 6th day of October 2011 with 14 Academy Colleges. A new category of non-local fellowship for the HKANM is established in 2024 to enhance global collegiality.

Eligible Criteria

Grandfather/Grandmother Non-local Fellow is a registered nurse / registered midwife trained outside Hong Kong and is registered in his/her country/jurisdiction of practice with **over 15 years in specialized practice** and has successfully approved by the HKANM within 2 years of the establishment of the new category of non-local Fellow Membership (i.e. on or before 31 March 2026). Among these 15 years of specialty-related experience, 7 years must be in the named specialty (as reflected in the Fellow title in application), including the most recent and current 5 years; and has demonstrated significant contribution to specialty service development which must be reflected by substantiated impact or evidenced outcomes. Moreover, in the opinion of the Council, the conduct of his / her practice is consistently good throughout such years and at present.

Application Requirements (The 2024 application Cycle)

- The commencement date of the cycle is **22 April 2024** and will close on **31 July 2024**. Applications received after the deadline will not be considered.
- The Application Form and related documents should be sent by registered post or by hand to **Unit 4 & 5, 6/F, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon, Hong Kong SAR**.
- Application form must be completed in English.
- The academic and professional qualification must be certified by the statutory authorities / national credentialing bodies.
- The working experience must be certified by the employing institutions specifying the period of employment.
- The impact must be supported with evidence and/or quantifiable outcomes. Information submitted should reflect the achievements/contribution.
- The applicant should seek the consents of the 2 eligible referees[#] whom the Academy College may approach for seeking further information or verifying/amplifying the contribution/impact or any other matter concerning the application, as required.
- An **annual subscription fee of HKD 2,000** will be charged upon of the successful application.

Definition of Terms:

Eligible referee is normally a fellow of the related/nominating Academy College.