

Post –registration Certificate Course in
Primary Health Care Nursing
(District Health Center Module April 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, c/o Ms. Jane WONG, EO HKAN, Unit 4-5, 6/F, Nan Fung Commercial Center, 19 Lam Lok Street, Kowloon Bay, Kowloon, Hong Kong on or before 29 February 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)

- HKAN Fellow Membership number: _____ or
 Membership of HKCCPHN (HKAFMPHCN /HKCNS /HKAOHN /HKSPHN) No.: _____.

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 eo@hkan.hk