



COLLEGE OF NURSING, HONG KONG 香港護理學院

Application No. \_\_\_\_\_

**CLINICAL ASSESSOR**  
**Application for Accreditation**

<b>I. Personal Particulars:</b>			
Name _____ (Mrs., Mr., Ms., Miss)			
Surname	Other names	Name in Chinese	
Date of Birth _____	I.D. Card No. _____	Tel. No. _____ (Res)	
Correspondence Address _____			
Tel No. _____ (Off) Email: _____			
<b>II. Membership:</b>			
Registration of Nursing Council of Hong Kong (Please enclose photocopy)			
Date of Registration _____		Certificate No. _____	
Member of College of Nursing, Hong Kong: <input type="checkbox"/> No <input type="checkbox"/> Yes, since _____			
Other membership of Professional Bodies:			
Position	Organization	From	To
<b>III. Education: (Post-secondary School)</b>			
Schools, Colleges, Universities, etc	Award obtained	From	To

<b>IV. Academic/Professional qualifications:</b> (Please use separate sheet if space is inadequate)			
a. Professional Qualifications Held	Issuing Authority	Subject passed and Level attained	Date Obtained (Month/Year)
<b>V. Clinical Experience:</b> (Please cover the recent five years only)			
Name of Organization /Department	Position	From	To
<b>VI. Date of Completion:</b>			
	Name of Course	Course Code	Date (Month/Year)
1.	Certificate Course in Clinical Teaching and Assessment		
2.	Certificate Course in Mentoring in Nursing		
<b>VII. Two Referees</b>			
Name	Post & Employing Institution	Contact Address	Contact No.
<b>VIII. Do you need to perform the role of Clinical Assessor? Yes / No *</b>			
Indicate the number of hours (in average) your involvement in performing the role of clinical teaching/mentoring per week _____			
* Please delete as appropriate			
<b>IX. Declaration:</b>			
I declare the above information is true.			
_____		_____	
Signature		Date	

**College of Nursing, Hong Kong**  
12/F & 13/F., Hyde Centre, 221 Gloucester Road, Wanchai, Hong Kong  
Tel: 2572 9255 Fax: 2838 6280