

# MIDWIVES COUNCIL OF HONG KONG

Application Form for Appointment as Clinical Assessor for Registered Midwife Training

**Part I: To be completed by the Applicant**

Full Name : \*(Mr./Miss/Mrs./Ms) \_\_\_\_\_  
(English in Block Capitals) (Chinese Characters if any)

Present Post : \_\_\_\_\_ Identity Card No. : \_\_\_\_\_ ( ) Sex : \*M/F

Employing Hospital / Institute / School \_\_\_\_\_

Existing Clinical Assessor No. (if applicable) \_\_\_\_\_

**Professional Qualifications:**

	Registration No.	Date Obtained	Country Obtained
Registered Nurse			
Registered Midwife			
Others :			

**Academic Qualifications:**

Assessor Course attended		If no Assessor Course has ever been attended, please advise if you are a holder of health care education certificate/diploma or equivalent. # <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide details below and a <b>copy of the graduation certificate</b> ) Name of programme completed: _____ Programme organized by: _____ Year of completion: _____
Date of Completion	Organized by	
_____ / _____ Month Year	_____ Hospital/ Training School	

**Post Registration Midwifery Experience in the Past 4 Years: (Further information can be attached to this form)**

Period (Month/Year to Month/Year)	Duration in Months	Nature of Experience in Obstetric/Maternity Unit (e.g. antenatal, delivery suite, postnatal or others-please specify)	Hospital	Post/Rank	Whether Student Midwives were Trained (Y/N)
Total					

**Are you holding a midwifery/nursing teaching post?**

- #  No
- Yes (please tick the following boxes as appropriate)
- I have a minimum of **3 weeks** per year, **full time working as a clinical midwife** in an obstetric unit.
  - I have **involvement in provision of midwifery care**, such as midwives clinic/midwives team, etc.
  - I have a minimum of **6 weeks** per year **guiding and supervising clinical practice of students** in an obstetric unit.
  - I do not have any of the above.

\* Delete where inappropriate

# Please put a tick in the appropriate box

I declare that the above information given by me is correct to the best of my knowledge.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

**Part II: To be completed by the Unit/Department Head of the Employing Organization**

I recommend the above application.

Name in Block Capitals : \_\_\_\_\_ Post : \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Date : \_\_\_\_\_

\_\_\_\_\_  
Chop of the Organisation

\_\_\_\_\_  
Signature of Unit/Department Head

-----  
**Part III: For official use only**

Date accepted : \_\_\_\_\_ Clinical Assessor No. : \_\_\_\_\_

Approved by : \_\_\_\_\_ Issue date of Appointment letter : \_\_\_\_\_

(October 2009)