

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.	
Date of Completion	Organized by	# <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide details below and a copy of the graduation certificate) Name of programme completed: _____ Programme organized by: _____ Year of completion: _____
_____ / _____ 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)