

MIDWIVES COUNCIL OF HONG KONG

Nomination Form for Appointment/Re-appointment as Clinical Assessor for Midwifery Training

Part I: To be Completed by the Nominee

Please put a tick “✓” in the appropriate box . For appointment, please answer Q1 to Q9 while for re-appointment, please answer Q1 to Q11.

1. Name : _____ (Surname) (Given Names)
_____ (Block Letter) (Block Letter)

(Name in Chinese, if any)

2. Present Full Time Post : _____

3. Employing Organisation : _____

4. Midwife Registration No. : _____

5. I was previously / am currently a clinical assessor appointed by the Midwives Council of Hong Kong.

Yes (Clinical Assessor No.: _____
Latest Appointment period: from _____ to _____)

No

Post-registration Midwifery Experience in the Recent 4 Years:

6. My full time post-registration midwifery experience in the recent 4 years (i.e. 48 months) are as follows:

Hospital	Nature of Experience in Obstetric/Maternity Unit (e.g. antenatal, delivery suite, postnatal, clinic or others - please specify)	Period		Duration in Months
		From (MM/YY)	To (MM/YY)	
Total :				

7. I am currently working as a midwife educator in midwifery school/institute

- Yes 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.

No

Academic Qualifications:

8. I have attended Clinical Assessor Course

- Yes (Name of the Course Provider: Kwong Wah Hospital Queen Elizabeth Hospital
 School of Midwifery, United Christian Hospital
Prince of Wales Hospital Others _____)

Year of completion: _____)

No

9. I am a holder of Health Care Education Certificate / Diploma or equivalent (applicable to nominee who was first appointed as clinical assessor before 1 January 2020 only)

Yes (Please attach a copy of the graduation certificate)

No

Clinical Assessment Conducted (applicable to current clinical assessor only):

10. I have conducted at least one clinical assessment during the current appointment period:

Yes (Date of last clinical assessment conducted: _____ (Month) _____ (Year))

No

11. I have attended a refresher course for clinical assessor organized by the recognized provider of the Midwives Council of Hong Kong in the current appointment period:

Yes (Completion date of the refresher course: _____ (Month) _____ (Year))

No

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

Date (DD/MM/YY)

Signature of Nominee

Part II: To be Completed by the Unit/Department Head of the Employing Organisation

I recommend the above nominee for the appointment of clinical assessor of the Midwives Council of Hong Kong.

Name : _____ (Surname) _____ (Given Names)

(Block Letter) (Block Letter)

Post : _____

Tel No. : _____ Email : _____

Date : _____

(DD/MM/YY)

Chop of the Employing Organisation

Signature of Unit/Department Head