MIDWIVES COUNCIL OF HONG KONG

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

<u>Part</u>	t I: To be Comp	leted by the Nominee			
Plea	ıse put a tick " 🗸	' in the appropriate box \square .	For appointment, please a	nswer Q1 to Q9 while	e for re-appointment,
plea	se answer Q1 to	<i>Q11</i> .			
1.	Name :		(Surname)		(Given Names)
			(Block Letter)		(Block Letter)
		(Name in Chinese	e, if any)		
2.	Present Full Ti	me Post :			
3.	Employing Or	ganisation :			
4.	Midwife Regis	tration No. :			
5.	I was previous	ly / am currently a clinical as	ssessor appointed by the M	idwives Council of H	ong Kong.
	□ Yes	(Clinical Assessor No.:			
		Latest Appointment perio	od: 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 Period		Duration	
	(e.g. antenatal, delivery suite, postnatal, clinic	From	То	in Months
	or others - please specify)	(MM/YY)	(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:

School of Midwifery, United Christian Hospit Prince of Wales Hospital Others Prince of Wales Hospital Others No No 9. I am a holder of Health Care Education Certificate / Diploma or equivalent (applicable to nominee who first appointed as clinical assessor before 1 January 2020 only) Prince of Wales Hospital Year of Completion: Year of Centre of Health Care Education Certificate / Diploma or equivalent (applicable to nominee who first appointed as clinical assessor before 1 January 2020 only) Year of Conducted (applicable to current clinical assessor only): No 10. I have conducted (applicable to current clinical assessor only): (Month) 10. I have conducted a least one clinical assessment conducted: (Month) Yes (Date of last clinical assessment conducted: (Month) No Yes (Completion date of the refresher course: (Month) Yes (Completion date of the refresher course: (Month) (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 Irecommend the above nominee for the appointment of clinical assessor of the Midwives Council of Hong Name (Block Letter) (Block I <t< th=""><th>8.</th><th>I ha</th><th>ve att</th><th>ended Clinical Assessor Course</th><th></th><th></th><th></th><th></th></t<>	8.	I ha	ve att	ended Clinical Assessor Course				
Prince of Wales Hospital Others Year of completion:			Yes (Name of the Course Provider:				Queen Elizabeth Hospital
Year of completion: No 9. I am a holder of Health Care Education Certificate / Diploma or equivalent (applicable to nominee who 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. Thave conducted at least one clinical assessment during the current appointment period: Yes (Date of last clinical assessment conducted: (Month) No 11. I have attended a refresher course for clinical assessor organized by the recognized provider of the Mid Council of Hong Kong in the current appointment period: Yes (Completion date of the refresher course: No Yes (Completion date of the refresher course: (Month) No No 11. I have attended a refresher course for clinical assessor organized by the recognized provider of the Mid Council of Hong Kong in the current appointment period: Yes (Completion date of the refresher course: 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 Name : <th></th> <th></th> <th></th> <th></th> <th></th> <th>•</th> <th></th> <th>-</th>						•		-
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