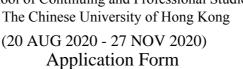
A Corporate Training for HKAON



Basic Course in Orthopaedics & Traumatology for Nurses

Co-organizer:

School of Continuing and Professional Studies The Chinese University of Hong Kong





*Please tick as appropriate			
Name of Applicant:	*Mr□ / Ms□ / Miss	s□	(in BLOCK LETTER)
Chinese Name:			
HKAON Member:	*Yes□ / No□		
Present Working Place:			
Hospital:		Department/Ward:	
Rank:			
Correspondence Address:			
Contact no.	(1)	(2)	
E-mail Address:			
Payment Declaration:			
I enclose a cheque of HK\$ 3, Cheque No.:	000 payable to "Hong	Kong Association of Orthopaed Bank:	ic Nurses Limited"
Signature:	(Only fill for	Date:	

Important Notes:

- Please **E-mail the softcopy** of
 - i) the completed course application form and
 - ii) HKAON membership application form (for new member or renew member) to Mr. LIN, Sai-kit (e-mail: lsk041@ha.org.hk)
- Please mail the hardcopy of
 - i) the completed course application form (with signature) and
 - ii) HKAON membership application form, if any, together with the crossed cheque to Ward 5&6, 1/F, Block B, The Duchess of Kent Children's Hospital at Sandy Bay, 12 Sandy Bay Road, Pokfulum, Hong Kong (Attn: Mr. LIN, Sai-kit)
- <u>Individual cheque</u> is required for <u>EACH</u> course application.
- Separate cheque is required for HKAON membership fee.
- Please write down your "Name and Contact Number" at the back of the cheque
- Application is first-come-first-served (applicant must be current valid HKAON member, new join member is acceptable)
- Application deadline is 10 AUG 2020.
- Result will be notified individually via email on or before 15 AUG 2020.
- Application form received without payment will **NOT** be processed.
- For enquiry, please contact Mr. LIN, Sai-kit at e-mail: lsk041@ha.org.hk or pager: 74729382 in office hour (Mon-Fri 0900-1700 except SH/PH)



Hong Kong Association of Orthopaedic Nurses Ltd.

香港骨科護士協會有限公司

Membership Application Form

入會 / 續會申請表格

Notes

- In compliance to the Personal Data Ordinance, the use of your personal particulars will be restricted to the Association only for registration and communication purposes
- Please mail the completed form and a crossed cheque payable to "Hong Kong Association of Orthopaedic Nurses Limited"
 *For "Corporate Training Course Basic Course in Orthopaedics & Traumatology for Nurses" applicant: please sent to Mr. LIN, Sai-kit,
 Ward 5&6, 1/F, Block B, The Duchess of Kent Children's Hospital at Sandy Bay, 12 Sandy Bay Road, Pokfulum, Hong Kong.
- 3. Receipt will be issued to you when the subscription is accepted, processed, and settled.
- 4. Membership card will be issued. Please keep it for your own reference.
- 5. Bi-annual membership starts from 1st January and ends on 31st December of the second year.
- 6. Categories of membership are:

Category 會員類別	Qualification 會員資格	Membership Fee 會員費	Please '√' 請加上'.√'	
Life Member	Any Qualified nurses with Orthopaedic and/or	HK \$ 2,000	□New	
Full Member	Traumatological (O&T) working experience	HK \$ 300 for 2 Years	New/ Renew*	
Associate Member	Any other nurses without O&T working experience or any non-nursing healthcare professionals	HK \$ 200 for 2 Years	□New/ Renew [*]	
Membership No.	會員號碼: (For renewal only 續會	適用)		

SUBSCRIBER'S PERSONAL INFORMATION 申請者個人資料

Name :														
· · · · · · · · · · · · · · · · · · ·			her na	ames 名)			(Chinese 中文姓名)							
HKID No.	香港身	分證號 X	碼 : X	Х	(X)		Sex: [生別	」M 男		Education: *RN 教育背景	/BSN	/Master	· /PhD	/Others
1 1 1 1 1 1 1 1 1 1						_ [Departme	partment 部門:			Rank 職位:			
Hong Kong Nursing Board *Registered /Enrolled No.: *Service Type: Acute /Rehab /Ambulatory /University /others *服務類別: 急症 /康復 /日間中心 /大學 /其他														
Corresponding Address : 通訊地址:														
Telephone	Telephone: Office Fax Telephone: Home Mobile Phone													
辦公室電	話			傳真				電	話: 住	宅	手	提電話		
Past Orthopaedic-Related Training 曾接受有關骨科訓					訓練		Institution 機構 Pe			Period	時間			
DETAILS OF PAYMENT (BY CHEQUE ONLY) 付款資料 (只收支票)														
Name of B	ank 銀 ²	行:				Chec	que No.	支票	號碼	:	Amoι	unt 金額	預 :	
Subscriber 申請者簽	_	ire :								ill for hard copy 本方需填寫)	Date 日期		∃/mm	月/yy 年
FOR OFFICAL USE ONLY 此欄本會人員填寫														
Membersh	nip Appro	ved :	Yes] No		Paymei	nt for	. New	/ Membership		Receip	t sent	
Membersh	nip Payme	ent	Yes		l No					ew Membership		Date :		

*(Please tick as appropriate 請選取適用者)

App-form O&T 06