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

(20 AUG 2020 - 27 NOV 2020)

Application Form

**Please tick as appropriate*

Name of Applicant: *Mr☐/ Ms☐/ Miss☐ (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$ 3,000 payable to "Hong Kong Association of Orthopaedic Nurses Limited"

Cheque No.: _____ Bank: _____

Signature: _____ (Only fill for hard copy) 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)**
- **Individual cheque** is required for **EACH** 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

1. *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*
2. *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 Traumatological (O&T) working experience	HK $ 2,000	☐New
Full Member		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 : _____ 姓名 (Surname 姓) (Other names 名)		_____ (Chinese 中文姓名)
HKID No. 香港身份證號碼 : ☐☐☐☐X X X (X)☐	Sex : ☐M ☐F 性別 男 女	Education: *RN☐/BSN☐/Master☐/PhD☐/Others☐ 教育背景 _____
Organization 服務機構: _____	Department 部門: _____	Rank 職位: _____
Hong Kong Nursing Board *Registered☐ /Enrolled☐ No. : 香港護士管理委員會*註冊☐/登記☐號碼: _____	*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: _____ E-mail 電郵: _____		
Telephone: Office Fax 辦公室電話_____傳真 _____	Telephone: Home Mobile Phone 電話: 住宅_____手提電話 _____	

Past Orthopaedic-Related Training 曾接受有關骨科訓練	Institution 機構	Period 時間

DETAILS OF PAYMENT (BY CHEQUE ONLY) 付款資料 **(只收支票)**

Name of Bank 銀行 :	Cheque No. 支票號碼 :	Amount 金額 :
Subscriber's signature : 申請者簽署	(Only fill for hard copy 列印正本方需填寫)	Date : 日期 dd 日/mm 月/ yy 年

FOR OFFICAL USE ONLY 此欄本會人員填寫		
Membership Approved : Yes ☐ No ☐	Payment for : New Membership ☐	Receipt sent ☐
Membership Payment : Yes ☐ No ☐	Renew Membership ☐	Date :

*(Please tick as appropriate 請選取適用者)