

# Union Hospital - School of Nursing Diploma in General Nursing (Enrolled Nurses) (Course Code: EN-11-01) Application Form

Please complete all relevant parts in **English BLOCK LETTERS** and put a tick "✓" in the box as appropriate.

## I. Personal Particulars

**PHOTO  
HERE**

Name in English: \_\_\_\_\_  
(Surname) (Other Names)

Name in Chinese: \_\_\_\_\_

HKID No.: \_\_\_\_\_ ( ) Age: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex:  M  F  
dd mm yyyy

Residential Address: \_\_\_\_\_

Correspondance Address (if different from above): \_\_\_\_\_

Mobile Phone No.: \_\_\_\_\_ Residential Telephone No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How do you know about this course?  Hospital Web Site

Newspaper, please specify: \_\_\_\_\_

Friend, please specify: \_\_\_\_\_

Others, please specify: \_\_\_\_\_

### For Office Use Only

Date Received: \_\_\_\_\_ Applicant Number: EN-11-01-A Handled by: \_\_\_\_\_

Incomplete Information

Unmatched with BR

Selected for Interview (Date: \_\_\_\_ / \_\_\_\_ )

Notification for BC

Waiting List

BC Passed

Not Selected

Enrollment (Date: \_\_\_\_ / \_\_\_\_ )

SON-001-11-2680

# Union Hospital - School of Nursing

## II. Qualification and Training (in chronological order)

Please continue on a separate sheet if necessary.

From (Month/Year)	To (Month/Year)	School/ College/ University	Qualification Obtained

HKCEE Subjects Passed			HKALE Subjects Passed		
Year	Subject	Grade / Level*	Year	Subject <sup>†</sup>	Grade / Level*

\* Please list the highest grade / level for each subject.

† Please specify whether the subjects passed in the HKALE, if any, are of Advanced Level (AL) or Advanced Supplementary Level (AS).

**Notes:**

- Your application will not be considered if you fail to provide all information requested.
- For academic qualification obtained outside Hong Kong, you are required to submit to the School of Nursing a documentary proof of its Hong Kong equivalent; otherwise the School will not be able to consider such qualification. You can refer to the website of the Hong Kong Council for Accreditation of Academic & Vocational Qualifications (HKCAVVQ) for details.

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# Union Hospital - School of Nursing

### III. Relevant Work Experience in Healthcare Industry (in chronological order)

Please continue on a separate sheet if necessary

From (Month/Yr)	To (Month/Yr)	Name of Healthcare Institute / Organization	Full / Part Time	Position	Reason of Resignation

### IV. Reason(s) for Application

Please state reason(s) for your application in English. You may continue on a separate sheet if necessary.

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### V. Notes

1. Personal Data provided in this form will be used for processing your application for admission, and for academic, administrative and statistical purposes. Please be assured that any personal information you supply will be kept strictly confidential.
2. When the processing and consideration of all the applications have been completed, the application and supporting documents of unsuccessful candidates will be kept for no more than 3 months and destroyed afterwards.

### VI. Declaration

- I declare that all information given in this application form is, to the best of my knowledge, accurate and complete.
- I consent that, if registered, I will conform to the regulations and rules of the School.
- I have also noted, understood and agreed to the contents of the Notes above and the School policies on personal data.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Union Hospital - School of Nursing

## Reminder to Applicants

1. Please make sure you have enclosed the following documents with your application.

- Completed application form with photo
  
- Copies** of certificates for academic qualification(s) and working proof(s)
  
- Crossed cheque / bank draft for application fee
  - **HK\$200** payable to Union Medical Centre Limited
  - Please write your **FULL name, contact number** and the course code '**EN-11-01**' on the back of the cheque / bank draft

2. Completed application should be sent to the following address:

School of Nursing,  
c/o Human Resources Department,  
Union Hospital,  
18 Fun Kin Street,  
Tai Wai, Shatin  
[ Application for Diploma in General Nursing (Enrolled Nurses) ]