



**HONG KONG COLLEGE OF MIDWIVES**  
**Application for Certification Examination**

**A. Personal Particulars of Applicant**

1. Full Name (As shown in the Hong Kong Identity Card / Passport):  
In English: \_\_\_\_\_ In Chinese: \_\_\_\_\_
2. Hong Kong Identity Card / Passport No\*: \_\_\_\_\_
3. Registration in Nursing Council of Hong Kong  
Year of Registration: \_\_\_\_\_ Registration No.: \_\_\_\_\_
4. Place of Basic Midwifery Training: Hong Kong / Other country\*: \_\_\_\_\_  
Year of Registration: \_\_\_\_\_ Registration No.: \_\_\_\_\_
5. Name of Clinical Training Site for the Advanced Practice Midwives \_\_\_\_\_  
Ordinary Member No. \_\_\_\_\_
6. Correspondence Address in Hong Kong: \_\_\_\_\_  
\_\_\_\_\_
7. Mobile Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

In support of my application, I attach herewith: ( as indicated the availability)  
 A crossed cheque of HK\$1,000 for the examination fee as payable to the  
**"Hong Kong College of Midwives Limited"**

**B. DECLARATION**

I declare that I have / have not\* been convicted of an offence that is punishable with imprisonment, in Hong Kong or elsewhere; and I have / have not\* been found guilty of unprofessional conduct, in Hong Kong or elsewhere.

Details of conviction(s)/ \_\_\_\_\_  
Unprofessional conduct: \_\_\_\_\_  
(if applicable) \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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

***\*Please delete where inappropriate***