

## HONG KONG COLLEGE OF MIDWIVES

## **Application for Fellow Membership Examination (Exit Assessment)**

<u>Per</u>	sonal Particulars of A	<u>Applicant</u>	
	•	e Hong Kong Identity Card / Passport):	
In E	nglish:	In Chinese:	
Hor	ng Kong Identity Card /	Passport No*.:	
Plac	ce of Basic Midwifery Tr	aining: Hong Kong / Other country*:	
Yea	r of Registration:	Registration No.:	
Nar	me of Clinical Training Si	ite for the Advanced Practice Midwives:	
		Ordinary Membership No.:	
Cor	respondence Address ir	n Hong Kong:	
Mo	bile Telephone:	E-mail:	
a) b) c) d) e) f)	□ Copy of valid Practi □ Copy of valid Practi □ Record of 60 CNE p □ Evidence of Master □ The completed record Documents of signi □ Professional Portfo □ A crossed cheque of Midwives Limited"	rue copy and one verified hard copy of documents (a $-$ g) are required to	of
		<u>DECLARATION</u>	
Kon		not* been convicted of an offence that is punishable with imprisonment, in have / have not* been found guilty of unprofessional conduct, in Hong I	
Det	ails of conviction(s)/		
Unp	professional conduct:		
	pplicable)		
		Signature of Applicant:	
		Date:	

<sup>\*</sup>Please delete where inappropriate