



HONG KONG COLLEGE OF MIDWIVES
Application Form for Clinical Mentor

PART I

Name of applicant:

English:

SURNAME,

Other Name

Chinese:

Fellowship Diploma (HKCMW) No:

Year of Conferment:

Current Midwifery Clinical Practice and Employing Organization:

Number of year(s) in the current practice:

Date of HKCMW Mentorship Program attended: _____

Contact:

E-mail address:

Phone No.:

(Work) _____

(Mobile) _____

Please put a “√” to indicate your application:

Clinical Mentor for general midwifery practice

For mentor of Sub-Specialty(Choose only one)

Lactation

Midwife-Led Care

Prenatal Screening and Counseling

High Dependency midwifery care

Midwifery Education

Perinatal Grief Counselling

Criteria

- At least 3 years clinical experience in the related area

- IBCLC, valid year to

- Current practice and at least 3 years clinical experiences in lactation sub-specialty

- Current practice and at least 3 years clinical experiences

- Valid qualification on Prenatal Screening and Counseling Training or equivalent

- Current practice and at least 3 years clinical experiences

- Current practice and at least 3 years clinical experiences in High Dependency midwifery care sub-specialty

- Currently practice in Obstetrics units / Midwifery School and at least have 7 years of teaching experience in the sub-specialty of Midwifery Education.

- Currently practice and at least have 3 years of clinical experience in providing perinatal grief counselling to parents.

Date of Application:

Signature of Applicant:

PART II (Should be nominated and completed by the Department Head /In-charge of Training Site)

The above applicant will be nominated as *Clinical Mentor / Mentor of Sub-Specialty (as above indicated) for the Midwifery Fellowship Training in _____ Hospital. (*circle as appropriate)

Name: _____ Signature: _____

Rank/Dept/Institution: _____

Please send the completed application form to “**Hong Kong College of Midwives Limited**” at Administrative Office, HKCMW, Unit 4-5, 6/F, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon. or e-mail to hkcollegeofmidwives@gmail.com

For official use only

Date of Application received: _____

The application is accepted and success:

Clinical Mentor No. issued: _____

3 years valid period from _____ to _____

The application is rejected with reason (s):

- 1.
- 2.

Remedy:

Endorsed by: (Chairman of Education Committee)

Name in Block:

Signature:

Endorsed by: (President of HKCMW)

Name in Block:

Signature: