

## Declaration for Renewal of Application for Retired Fellow Membership



The criteria and guidelines for application of Retired Fellow Membership:

1. The applicant of Retired Fellow Membership must be at least **ONE full** year not actively engaged in any healthcare services and the approval of Retired Fellow Membership is subject to the decision of the Hong Kong College of Nursing and Health Care Management.
2. The Retired Fellow Member should apply for reverting to Fellow Membership upon renewal in new Calendar year when he/she has resumed the full time or part-time work in healthcare services again.
3. The applicant requires to complete the Declaration and the renewal application form accordance with the requirement of the Hong Kong College of Nursing and Health Care Management and the Hong Kong Academy of Nursing.

I, \_\_\_\_\_ Fellow Diploma  
Number: \_\_\_\_\_

Fellow Member of the Hong Kong College of **Nursing and Health Care Management**  
am applying for renewal of **Retired Fellow Membership** for the Year April **2020** to March **2021**

I hereby declare that I am not actively engaged in any health care related or equivalent full time or part time work since \_\_\_\_\_ (Month/Year).

I hereby declare that the above information is accurate to this date and I agree to provide information to Hong Kong College of Nursing and Health Care Management and the Hong Kong Academy of Nursing in support of this application. I understand that it is my responsibility to inform the College for any change of the submitted information. The College will not have to be responsible for any issues arise as a result of my failure to inform the College.

Note: Please mail this declaration, the renewal application form and the supportive documents together with the crossed cheque to:

Administrative Office, **Hong Kong College of Nursing and Health Care Management Limited**,  
LG1, School of Nursing, Princess Margaret Hospital, 232 Lai King Hill Road, Lai Chi Kok, KLN.

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

\_\_\_\_\_  
Date

### **FOR ACADEMY COLLEGE USE**

Endorsed by  
Signature \_\_\_\_\_ Block Letters \_\_\_\_\_ Date \_\_\_\_\_  
(President)