



APPLICATION FORM

**TRAUMA NURSING CORE COURSE
(PROVIDER COURSE)**

jointly organised by
EMERGENCY NURSES ASSOCIATION, USA
and
HONG KONG EMERGENCY NURSES ASSOCIATION

Name : Mr / Ms _____ (_____)
In Chinese

Occupation & Rank : *DOM / WM / NS / NO / APN / RN*

Office Address : _____ (*Ward, please specified*)
A&E / Surgical / O&T / ICU/ITU / _____ (*Department*)
_____ (*Hospital*)

Telephone : *Office* - _____ *Mobile* - _____

Years of Service in Trauma Related Specialty : _____ year(s) (_____ *Department*)

Member of HKENA : *No / Yes* Membership No: _____

Course Applied :

TNCC Provider Course 12 & 13 April 2019 (Fri & Sat)

Please return the completed form together with a crossed cheque @ HK\$3,500 for member and @ HK\$3,800 for non-member payable to "HONG KONG EMERGENCY NURSES ASSOCIATION LTD" on or before 10 February 2019 to: -

**Hong Kong Emergency Nurses Association Limited,
P O BOX Number 70122 Kowloon Central Post Office, Hong Kong**

*Notes : * 20% administrative fee will be charged for candidate's own withdrawal on or before 10 February 2019.
* No refund of course fee after 10 February 2019 on candidates' own withdrawal.*

Signature : _____ Date : _____

Supervisor's Recommendation (optional) : _____
Signature / Post