



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 : (*please give priority to the appropriate course*)

Priority

- | | | |
|--------------------------|-------------------------------|------------------------------|
| <input type="checkbox"/> | TNCC Provider Course A | 4 & 5 Nov 2017 (Sat & Sun) |
| <input type="checkbox"/> | TNCC Provider Course B | 11 & 12 Nov 2017 (Sat & Sun) |
| <input type="checkbox"/> | TNCC Provider Course C | 9 & 10 Dec 2017 (Sat & Sun) |
| <input type="checkbox"/> | TNCC Provider Course D | 16 & 17 Dec 2017 (Sat & Sun) |

Please return the completed form together with a crossed cheque @ HK\$3,000 for member and @ HK\$3,500 for non-member payable to “**HONG KONG EMERGENCY NURSES ASSOCIATION LTD**” on or before 11 September 2017 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 11 September 2017.
* No refund of course fee after 11 September 2017 on candidates' own withdrawal.*

Signature : _____ Date : _____

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