



Procedure for Applying Nursing School Transcript School of General Nursing, Queen Elizabeth Hospital

A. Students graduated at Government Schools of General Nursing / Midwifery before 1 December 1991

1. Please contact the Transcript Section, Public Health Nursing Division at (852) 2961 8957 or e-mail to transcript_phnd@dh.gov.hk

B. Students graduated at Hospital Authority School of General Nursing / Midwifery, Queen Elizabeth Hospital after 1 December 1991

1. Apply to *School Principal*
School of General Nursing
(Attn: Transcript Section)
Queen Elizabeth Hospital
30 Gascoigne Road
Kowloon

2. Submit the followings:

2.1 Application form.

2.2 Payment for transcript - HK\$230.00 per transcript by a crossed cheque payable to 'Hospital Authority'.

2.3 Photocopies of letter/transcript request form(s) from the requesting organisation (bearing the forwarding address).

3. Should you have any inquiries, please contact Transcript Section, School of General Nursing, Queen Elizabeth Hospital at (852) 3506 8332 or e-mail to qeh_nsch_off@ha.org.hk

*On receiving the completed application form with the necessary documents and payment, the nursing transcript will be prepared and sent directly to the organization/institute concerned on your behalf. Please allow approximately **4 weeks** for processing.*

The personal data you provided are for the purpose of the application you are currently making only. The provision of personal data is voluntary. If you do not provide sufficient information, your application may not be able to process. Such data will only be disclosed to other parties where you have given consent to or where such disclosure is allowed under the Personal Data (Privacy) Ordinance. They may be disclosed to other government bureaus / departments, agencies or authorities for the purpose of compiling your application, if required. You have a right of access or correction of the personal data provided during this application in accordance with the Personal Data (Privacy) Ordinance.

From : Name : _____
Hospital / Ward / Rank : _____
Contact Tel : _____
Contact Address : _____
Email Address : _____
Date : _____

To : School Principal
School of General Nursing
(Attn: Transcript Section)
Queen Elizabeth Hospital

Application for: Nursing School Transcript (*General / Midwifery)

#Name (Full name in BLOCK LETTER) : _____
H.K.I.D. Card No. : _____
*General / Midwifery nursing training period : _____
Cheque (Name of the Bank & Cheque No.) : _____

Name of requesting organisation : _____
Address of requesting organisation : _____

Signature

**Delete if not applicable*

#If applicant has changed the name that was used during general / midwifery nursing training, please enclose a certified copy of proof

Internal Use Only

Reference No. : _____
Response officer : _____
Received date : _____