



Hong Kong Association of Orthopaedic Nurses



Basic Course in Orthopaedics & Traumatology for Nurses

(3 September – 17 December 2024)

Application Form

**Pls delete inappropriate*

Name of Applicant: * Mr / Ms / Miss _____

(in BLOCK LETTER)

Chinese Name: _____

HKAON Membership No.: _____

Present Working Place:

Hospital: _____ Department: _____ Ward: _____

Rank: _____

Correspondence Address:

Contact Tel. No.: (1) _____ (2) _____

E-mail Address (Non HA-Email): _____

Payment Declaration:

I enclose a cheque of Member: **HK\$ 3,000**

payable to “**Hong Kong Association of Orthopaedic Nurses Limited**”

Cheque No.: _____ Bank: _____

Signature: _____ Date: _____

Important Notes:

- Please mail the completed course application form & HKAON membership application form (if any) together with a crossed cheque to:
 - **7D O&T Office, 7/F, HMB, Tseung Kwan O Hospital, No. 2 Po Ning Lane, Hang Hau, Tseung Kwan O, New Territories (Attn: Mr. Wong King Sum)**
 - **Individual cheque** is required for **EACH** course application.
- **Separate cheque** is required for **HKAON membership fee**.
- **Please write down your “Name and Contact Number” at the back of the cheque**
- Application is first-come-first-served (priority will be given to HKAON member); deadline is **16 August 2024**.
- Result will be notified individually via email on/before **28 August 2024**.
- Application form received without payment will **NOT** be processed.

For enquiry, please send email to **Mr. Wong King Sum** at **wks008@ha.org.hk** or phone contact **Mr. Wong King Sum (6385 5831)** in office hour (Monday to Friday 0900-1700 except SH/PH)