

填妥此表格後，請電郵 mail.qhna@qhs.com.hk 或
傳真 2851-6239 到卓健護理介紹所，我們將會安排您預約登記。
P.5-P.8合約條款將於面試時派發及解釋，才正式完成登記程序。

如有任何查詢，請致電馬小姐 2975-2392 或 黃小姐 2975-2646

Fill in this form and return to QHNA by email mail.qhna@qhs.com.hk or by fax 2851 6239, and we will invite you to come to our office for an interview. P.5 - P.8 hardcopy agreement will be provided during interview in our office, and will treat as complete registration.

If you have any enquiry, please call Ms Ma 2975-2392 or Ms Wong 2975-2646

REGISTRATION FORM
FOR
HEALTHCARE PROFESSIONALS PLACEMENT
AS INDEPENDENT CONTRACTORS

To register your availability for nurse / care assistant placement as an independent contractor, please carefully read and complete the enclosed documents including:

- (1) Registration Form (pages 2 - 5)
- (2) Independent Contractor's Placement Agreement (pages 6 - 8)

1. PLEASE COMPLETE & RETURN THIS FORM AFTER READING THE ATTACHED "SERVICE STANDARDS OF INDEPENDENT CONTRACTORS" &
2. PLEASE RETAIN A COPY OF THE ATTACHED "INDEPENDENT CONTRACTOR'S PLACEMENT AGREEMENT"

PERSONAL DETAILS

Please **Rank**

<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Enrolled Nurse	<input type="checkbox"/> Chinese Trained Nurse	<input type="checkbox"/> Care Related Support Worker
<input type="checkbox"/> Health Care Assistant	<input type="checkbox"/> Health Worker	<input type="checkbox"/> Personal Care Worker	<input type="checkbox"/> Care Worker
<input type="checkbox"/> Others : Describe _____			

Surname (Chinese) :		Surname (English) :	
First Name (Chinese) :		First Name (English) :	
HKID Card No. :			
Address :			
Home Phone :			
Pager / Mobile :			
E-mail Address :			
Place of Birth :			
Date of Birth:			
Age :			
Nationality:			
Sex:			
Height (cm) :			
Weight (kg) :			
3M N95 Mask Model :	<input type="checkbox"/> 1860s <input type="checkbox"/> 1860 <input type="checkbox"/> 1870+ other:		

Have you ever been professionally diagnosed with any Physical or Psychiatric illness?		If yes, describe:	
Marital Status :			
Children (no. and age)			
Do you have a criminal record?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, describe:	
Do you have a sexual conviction record?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, describe:	
Languages: <i>Cantonese</i>	Spoken: Little <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Written: Little <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/>		
Languages: <i>English</i>	Spoken: Little <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Written: Little <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/>		
Languages: <i>Mandarin</i>	Spoken: Little <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Written: Little <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/>		
Are you a member of any other nursing agency?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, please give the name.	
How did you hear of QHNA?	Advertising <input type="checkbox"/> Friend <input type="checkbox"/> Hospital <input type="checkbox"/> Website <input type="checkbox"/>	Others : Describe:	

PROFESSIONAL QUALIFICATIONS

Graduation Hospital / School / Institution Name	Date	Qualification	Reg. No.

FOR PAYMENT

Autopay Payment	Bank Name	Bank Account Owner	Bank A/C no.

REFERENCES / JOB EXPERIENCE

Referee's name		Tel no.	
Emergency contact person		Tel no.	

Work experience (including inland and Hong Kong)	Location (hospital/company and address)	From(month/year) to (month/year)	Position
A & E			
Medical			
Surgical			
Orthopaedic			
Paediatric			
Renal			
Obstetric			
Oncology			
ICU			
Paediatric ICU			
Elderly Care			
Psychiatric			
Endoscopy			
Theatre			
Mentally Retarded			
Teaching			
Others (Describe)			

Special skills (Please tick)	IV Insertion <input type="checkbox"/>	Ventilator <input type="checkbox"/>
	Blood taking <input type="checkbox"/>	Bipec <input type="checkbox"/>
	Haemodialysis <input type="checkbox"/>	Peritoneal dialysis <input type="checkbox"/>
	BLS/ACLS Cert <input type="checkbox"/>	