

**Hong Kong College of Perioperative Nursing**

**Application Form for Accreditation as Clinical Training Centre**

***LG1, School of Nursing, Princess Margaret Hospital, 232 Lai King Hill Road, Lai Chi Kok, Kowloon***

***Email:hkcpon@gmail.com Fax: 2370 0216***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | General Information  Please type or complete the form in BLOCK LETTERS and \*delete as appropriate | | | | | | | | | |
| Name of Organization: | | | |  | | | | | | |
| Address: | |  | | | | | | | | |
|  | |  | | | | | | | | |
| Name of Person-in-charge: | | | | | |  | | | | |
| Job \*Title / Position: | | | | | |  | | | | |
| Present Working \*Place / Area: | | | | | | |  | | | |
| Telephone number: | | |  | | | | | Fax number: |  | |
| Email address: | | |  | | | | | | | |
| Is this your organization’s first application for accreditation? | | | | | | | | | | |
| □ Yes | | | | | □ No, last \*granted / rejected in year | | | | |  |

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| 2. | Total number of Theatre Room(s) |  |
| 3. | Total number of nursing staff |  |
|  | 3.1 Senior nurse supervisor(Equivalent to DOM / NC of HA  or SNO/Supervisor of private hospital) |  |
|  | 3.2 Nurse supervisor (Equivalent to WM/APN/NO of HA or NO  of private hospital) |  |
|  | 3.3 Registered Nurse (Equivalent to RN of HA & private  hospital) |  |
|  | 3.4 Others, please specify |  |

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| 4. | # Total number of operations in past two years | | |  | |
|  | | Elective | | / | |
|  | | Emergency | | / | |
| Ultra Major^ | | | / | |
| Major^ | | | / | |

^Please cite the references used for categories of operation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 5. | # Specialties available in Surgery (please indicate with a ‘✓’) |
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| 🞎 Breast Surgery | 🞎 Burn & Plastic Surgery | 🞎 Cardiothoracic Surgery  (include perfusion) |
| 🞎 Ear Nose & Throat/ Head & Neck Surgery | 🞎 Gastrointestinal/ Colorectal Surgery (Include Endoscopy) | 🞎 Gynaecological Surgery |
| 🞎 Hepatobiliary & Pancreatic Surgery | 🞎 Neuro surgery | 🞎 Obstetric Procedure |
| 🞎 Ophthalmological Surgery | 🞎 Organ Transplant | 🞎 Urology surgery |
| 🞎 Vascular Surgery (include EndoVascular) | 🞎 Paediatric Surgery | 🞎 Orthopedic & Traumalogical Surgery |
| 🞎 Robotic Surgery | 🞎 Dental & Maxillary Facial Surgery | 🞎 Anaesthesia care |

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| 6. | Number of HKCPON Fellows working in the Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| 7. | Perioperative Care Nurse Clinic 🞎 Yes 🞎 No  If Yes, number of attendance per year \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  | | |
| 8. | #Accredited Continuous Nursing Education provider by the Nursing Council of Hong Kong | 🞎 Yes 🞎 No |
| 9. | # Recognized training site by the Nursing Council of Hong Kong | 🞎 Yes 🞎 No |
| 10. | # Recognized clinical training site by local institute / university / Academy College | 🞎 Yes 🞎 No |
| 11. | # In-service training for nurses | 🞎 Yes 🞎 No |
| 12. | Training /Learning facilities for nurses | 🞎 Yes 🞎 No |
| 13. | Preoperative education & Post operative follow up involvement | 🞎 Yes 🞎 No |
| 14. | Opportunity(ies) for nurses to participate in:   * \*clinical teaching/in house training | 🞎 Yes 🞎 No |
|  | * \*clinical audit / quality improvement activities | 🞎 Yes 🞎 No |
|  | * \*evidence-based project / research project | 🞎 Yes 🞎 No |

Remarks:

1. # Mandatory criterion
2. Delete \* as appropriate and tick in the box
3. Provide supporting documents during site visit
4. Use additional sheet if required

|  |  |
| --- | --- |
| Submitted by: |  |
| Rank: |  |
| Date of submission: |  |

Please send this application form to:

Hong Kong College of Perioperative Nursing

***hkcpon@yahoo.com.hk***