



The Hong Kong Society for Public Health Nursing Limited

香港公共健康護理學會

P.O. Box 28482, Gloucester Road Post Office

E-mail : hksphn@yahoo.com.hk

Promoting Client-oriented Service in Public Health

A harmonious staff-client relationship in health care settings is essential for reducing work stress and bringing about job satisfaction of nurses and health care professionals. The provision of client-oriented service is conducive to enhancing client satisfaction and hence, reducing conflicts and complaints.

Our honorary speaker, Dr. Chan Wai Man, is not only well reputed as a health educationist and an expert in elderly health, her outstanding achievement as the Departmental Complaints Officer and leadership for the Client Relations Unit of the Department of Health had won her an award from the Ombudsman Hong Kong. Our Society is privileged to have her delivering this enlightening lecture to share with the audience her rich experience in promoting client oriented service and in managing complaints in public health care settings.

- Speaker :** **Dr Chan Wai Man**
Senior Health Educationist (Elderly Health Service)
Department of Health
FHKCCM, FHKAM (Community Medicine)
- Target audience:** **Nurses, health care professionals and interested parties**
- Date :** **16 January 2012 (Monday)**
- Time :** **7pm – 8:30pm**
- Venue :** **Lecture Theatre, G/F, M Block, Queen Elizabeth Hospital**
- Fee :** **\$50 (Member and Associate Member) \$80 (non-member)**
(Welcome to join as a member of the Society to enjoy the preferential fee.)
- Language :** **Cantonese supplemented with English**
- Registration:** Please fill in the attached **Registration Form** and submit accordingly.
- Enquiry:** Ms Annie Leung (Tel: 8208 9638)

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Enrolment Form

Promoting Client-oriented Service in Public Health

Time : 7pm – 8:30pm

Date : 16 January 2012 (Monday)

Membership no. (if applicable) _____

Name : Ms / Mr / Dr / Prof (Eng) _____ (Chin) _____

Contact Tel No. : (Mob) _____ (Off) _____

Work Place : _____ Position : _____

Email : _____ Registration Fee \$50 (member)
 \$80 (non-member)

Bank : _____ Cheque No. : _____

(Cheque should be crossed and made payable to “The Hong Kong Society for Public Health Nursing Limited”

Remarks :

1. Please send the completed enrolment form together with a crossed cheque to PO Box 28482, Gloucester Road Post Office, Hong Kong (**Do not send cash or post-dated cheque**). Please write your name, contact phone number, and course title on the back of the cheque.
2. Seats are limited and are offered on a first-come-first-served basis. Confirmation will be made by email.
3. Payment are non-refundable after confirmation of registration. An electronic receipt will be sent to you via email. If the “Hong Kong Society for Public Health Nursing Limited” (Society) stamp is needed, please bring along a printout of your electronic receipt when attending the course and contact our staff.
4. The Society reserves the right to cancel the course in case of unforeseen situation or bad weather. Announcement and refund arrangement will be made if the course is cancelled.
5. If you want to join as member of the Society, please complete the membership subscription form and send it together with the membership fee (in crossed cheque) to the above mentioned address. You are eligible to enjoy the benefits for members in this course registration.
6. Course enquiry : 8208 9638 (Ms LEUNG)



The Hong Kong Society for Public Health Nursing Limited

Subscription for Membership

Membership Categories:

Category	Eligibility and Benefits	Subscription Fee
Full Member	<ul style="list-style-type: none"> • Registered nurse who has recognized public health nursing or related education/training or whose area of responsibility is involved in any kind of public health nursing or related practice; • Have voting rights and is eligible for election to the Committee; • Shall enjoy all the privileges and benefits offered by the Society. 	HK\$100 per annum
Affiliated Member	<ul style="list-style-type: none"> • Any person who is interested in public health nursing except those who are fulfilling the criteria of Full Members; • Shall enjoy all the privileges of Full Members except that they shall not be entitled to vote at general meetings and not eligible for election to the Committee. 	HK\$80 per annum
Life Full Member	<ul style="list-style-type: none"> • Qualified Full Member; • Have paid a one-time subscription equal to ten times the annual subscription for Full Member; • Shall enjoy all the rights, privileges and benefits of Full Member offered by the Society. 	HK\$1000
Life Affiliated Member	<ul style="list-style-type: none"> • Qualified Affiliated Member; • Have paid a one-time subscription equal to ten times the annual subscription for Affiliated Member; • Shall enjoy all the privileges and benefits of Affiliated Member offered by the Society. 	HK\$800
Honorary Member	<ul style="list-style-type: none"> • A person invited by the Committee who has exceptional contribution to the Society or public health nursing; • Shall enjoy all the privileges of Full Members except that they shall not be entitled to vote and not eligible for election to the Committee. 	N.A.

Subscribing for Membership

Please read the following notes carefully before filling in the “Membership Subscription Form” at the back:

1. Please complete the subscription form in English (except the Chinese name if any) and in block letters.
2. Please tick the appropriate box.
3. In compliance to the Personal Data Privacy Ordinance, the use of your personal particulars will be restricted to the Society only.
4. Please send the completed form with a crossed cheque payable to “The Hong Kong Society for Public Health Nursing Limited” to PO Box 28482, Gloucester Road Post Office.
5. To be environmentally friendly, no membership card will be issued. A receipt and a membership number will be sent to the individual member through email/mail once his/her subscription is accepted.
6. Whenever a member pays the subscription fee, the annual membership always starts on 1st January and ends on 31st December of the same year.



香港公共健康護理學會
HONG KONG SOCIETY FOR PUBLIC HEALTH NURSING

Membership Subscription Form

Part I: Application	
Type of Application:	<input type="checkbox"/> New Application <input type="checkbox"/> Renewal (Membership No. & Name in Full: _____) <i>(If there is no change of subscriber's personal information, please jump to Part III – V)</i>
Part II: Subscriber's Personal Information	
Name in Full:	<input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. _____ (Surname) (First Name) (Other Name) <input type="checkbox"/> HKID No.: _____ □□ □□□□□□□() <input type="checkbox"/> Passport No.: _____ (Country: _____)
中文姓名:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Correspondence Address:	
Contact Tel. No.:	Mobile Office Home
E-mail Address:	
Education:	Professional Qualification (e.g. RN, EN) : _____ Year of registration: _____
	Academic Qualification (e.g. BN, MN, PhD): _____ (Please specify subject area: _____)
	Had received Public Health Nursing or related education/training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, qualification(s) obtained: <input type="checkbox"/> Certificate of Health Nursing <input type="checkbox"/> Diploma in Public Health Nursing Studies <input type="checkbox"/> Bachelor of Nursing (Public Health Stream) <input type="checkbox"/> Master of Nursing (Public Health) <input type="checkbox"/> Others (please specify): _____
Working Organization/ Institution:	Job Title:
Part III: Membership Subscription <i>(For the eligibility and benefits of different memberships, please refer to the front page)</i>	
Type of Membership	<input type="checkbox"/> Full Member (HK\$100 per annum) <input type="checkbox"/> Life Full Member (HK\$1000) <input type="checkbox"/> Affiliated Member (HK\$80 per annum) <input type="checkbox"/> Life Affiliated Member (HK\$800)
Part IV: Detail of Payment	
<input type="checkbox"/> By cheque	Name of Bank: _____ Cheque No.:
Part V: Declaration	
<p>I understand and accept that the personal information I have provided to The Hong Kong Society for Public Health Nursing Limited (HKSPHN) will be used for membership approval and activities of the HKSPHN. I declare the information given in this application is, to the best of my knowledge, accurate and complete. I understand that any false or misleading information will lead to disqualification of my application and cancellation of subsequent application in the HKSPHN and any fees paid will not be refunded.</p>	
Subscriber's signature:	Date:
Part VI: For Official Use Only	
Subscription:	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected (Reason: _____)
Membership No. : (For New Application only)	Membership fee paid: <input type="checkbox"/> HK\$1000 <input type="checkbox"/> HK\$800 <input type="checkbox"/> HK\$100 <input type="checkbox"/> HK\$80
Receipt No.:	Receipt sent on: _____
Database entered	on: _____ by: _____ Remarks: