

THE NURSING COUNCIL
NURSES AND MIDWIVES ACT, 1964

**APPLICATION BY PERSONS TRAINED OUTSIDE JAMAICA FOR ADMISSION
TO THE GENERAL/MENTAL REGISTER**

TO: The Nursing Council.

1. Full Name: I,

(SURNAME)
(CHRISTIAN)
(OTHER)
2. State here whether single or married, or widow, if married or widow, give maiden name and furnish certificate of marriage.....
3. Date of birth.....
4. Place of birth.....
5. Nationality.....
6. Present Postal Address.....
7. Permanent Postal Address.....
8. Name of Training School.....
9. Address of Training School.....
10. Period of training: from..... to.....

(Please give exact dates)

hereby request the Council to enter my name upon the part of the Register for General/Mental nurses maintained by the Council.

I forward herewith the fee of \$_____ and I promise in the event of my being so registered, and in consideration thereof, to be bound by, and to conform in all respects to, the Regulations for the time being in force.

I forward herewith my Certificate of Registration to the Register of.....
.....
.....

Signature of applicant.....
Signature of witness.....
Address of witness.....
Date.....

Application fee is Non-refundable

Form to be returned to
THE REGISTRAR
Nursing Council of Jamaica
50 Half Way Tree Road, Kingston 5

FOR
OFFICE
USE
ONLY