

THE NURSING COUNCIL

NURSES AND MIDWIVES ACT, 1964

APPLICATION BY PERSONS TRAINED OUTSIDE JAMAICA FOR ADMISSION TO THE REGISTER OF MIDWIVES

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.....

hereby request the Council to enter my name upon the part of the Register of Midwives 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 in the Register of..... or a certified copy thereof, to the effect that my name has been entered in that register, and also a complete copy of the entry in the register.

Name and address of Training School

Period of Training

PART I.....from.....to.....

PART II.....from.....to.....

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