

RECEIPT NUMBER

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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.....

If the application is not accepted the fee of \$ _____ will be returned to the applicant.

**Form to be returned to THE REGISTRAR,
The Nursing Council,
25 Dominica Drive, Kingston 5**

FOR
OFFICE
USE
ONLY

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