

NURSES AND MIDWIVES COUNCIL OF MALAWI

DATA VERIFICATION FORM

PERSONAL DETAILS

INDEX NUMBER: _____

FIRST NAME: _____ OTHER NAMES: _____

MAIDEN NAME: _____ SURNAME: _____

GENDER: Male Female NATIONALITY: _____

HOME ADDRESS: _____ HOME DISTRICT: _____

CURRENT ADDRESS: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

EMAIL ADDRESS/ PHONE NO: _____

CURRENT FACILITY (Where you are working)

FACILITY NAME: _____

DATE JOINED: _____

CURRENT CADRE REGISTRATION DETAILS

CADRE NAME: _____

ADDITIONAL QUALIFICATION: _____

REGISTRATION NUMBER: _____ REGISTRATION DATE: _____

TRAINING INSTITUTION: _____

DATE TRAINING COMMENCED: _____ DATE COMPLETED: _____

HIGHEST QUALIFICATION: Certificate Diploma Degree Masters PHD

NURSE/MIDWIFE CURRENT STATUS (Tick where appropriate)

Practicing In Training Overseas Office Other

OFFICIAL USE ONLY

ELIGIBLE TO RENEW YES NO

NMCM OFFICER VERIFYING SIGNATURE