



NMC/ED/4

NURSES AND MIDWIVES COUNCIL OF MALAWI

DISCONTINUATION OF TRAINING FORM

INSTRUCTIONS TO THOSE FILLING THIS FORM

1. This form must be completed by the head of the training institution
2. This form must be sent to Nurses and Midwives Council within seven days from the day the student discontinued training.
3. The form has 3 sections which must be completed fully.

SECTION A: STUDENT'S PERSONAL DATA

SURNAME:.....

FIRST NAME:.....

MIDDLE NAMES:.....

MAIDEN NAME (if married):.....

HOME ADDRESS: VILLAGE:.....

T/A:.....

DISTRICT:.....

COUNTRY:.....

CONTACT ADDRESS:.....

.....

NAME OF TRAINING SCHOOL:.....

INDEX NUMBER:.....

DATE OF COMMENCEMENT OF TRAINING:.....

DATE OF DISCONTINUATION OF TRAINING:.....

REASONS FOR DISCONTINUATION OF TRAINING ((pregnancy, misconduct, failure and others, please specify – Details to be in a separate report)

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.....
.....

SECTION B: THEORETICAL INSTRUCTION

SUBJECTS COVERED

HOURS OF LECTURES

.....
.....
.....
.....
.....

SECTION C: PRACTICAL EXPERIENCE

DESCRIPTION OF CLINICAL EXPERIENCE

TOTAL NUMBER OF HOURS

.....
.....
.....
.....
.....

RECORD OF LEAVE

HOLIDAY:.....
.....

SICK

LEAVE:.....
.....

ANY OTHER (please specify):.....
.....
.....
.....

(For more details attach a separate report)

EXAMINATION RESULTS WHERE APPLICABLE:.....

WOULD YOU RECOMMEND THIS STUDENT FOR READMISSION?:.....

SIGNATURE OF HEAD OF TRAINING SCHOOL:.....

DESIGNATION:.....

SCHOOL STAMP:.....

.....

RETURN THIS FORM TO:

THE REGISTRAR
AND MIDWIVES COUNCIL OF MALAWI
30361
CAPITAL CITY
LILONGWE 3

NURSES
P.O. BOX