



**FORM J**

**SUMMARY OF COMPLETED CLINICAL EXPERIENCE FOR PART II**

**INSTRUCTIONS:**

This form must be completed and signed by the Principal or his or her designated of the College of Nursing where the applicant pursued the course.

NAME OF COLLEGE:.....

ADDRESS:.....

I certify that:.....

SURNAME

FIRST NAMES

Was indexed with the Nurses and Midwives Council on:

.....  
DATE MONTH YEAR

Date course commenced:.....

Date course completed:.....

**DETAILS OF INSTRUCTION UNDERGONE BY APPLICANT:**

Antenatal Clinic:.....

Antenatal Ward:.....

Labour and Delivery:.....

Neonatal Care:.....

District Midwifery:.....

Family Planning:.....

Night Duty:.....

Others (Specify):.....

.....

.....

<b>PROCEDURE</b>	<b>NO. REQUIRED</b>	<b>NO. DONE</b>
Complete assessment of pregnant woman at first antenatal visit.	_____	_____
Vaginal examinations including the pelvic assessment.	_____	_____
Spontaneous vertex delivery	_____	_____
Episiotomy with repair under local anaesthetic.	_____	_____
Delivery by vacuum extraction.	_____	_____
Repair of perineal laceration under local Anaesthetic.	_____	_____
Breech delivery.	_____	_____
Multiple delivery.	_____	_____
Management of postnatal mothers and their infants.	_____	_____
Postnatal assessment of mother (including Pelvic examination) and infant at 6 weeks.	_____	_____
	_____	_____
<b>CASE STUDIES:</b>		
Normal delivery.	_____	_____
Abnormal deliveries	_____	_____

**TOTAL LEAVE GRANTED TO THE APPLICANT DURING COURSE:**

Vacational leave:.....

Sick leave:.....

Other leave:.....

Signature of Principal:..... Date:.....

Official Stamp:

Please return to:

The Registrar  
Nurses and Midwives Council of Malawi  
P.O. Box 30361  
Capital City  
**LILONGWE 3**



STB/87

## APPLICATION FOR ADMISSION OR RE-ADMISSION TO THE REGISTERED NURSE MIDWIVES EXAMINATION

### INSTRUCTIONS:

Number 1 to 11 to be completed by candidate

Numbers A to C to be completed by the person  
in-charge of the programme

OFFICE USE

FEE ELIGIBLE:.....  
EXAM. NO.:.....  
EXAM. RESULTS:.....  
MK.....

1. ENCLOSED EXAMINATION FEE MK.....
2. DATES OF EXAMINATION:.....
3. SURNAME:..... FIRST NAMES:.....
4. MAIDEN NAME (IF MARRIED):.....
5. INDEX NUMBER:.....
6. DATE PROGRAMME COMMENCED:.....
7. PERMANENT HOME ADDRESS:      VILLAGE:.....  
T/A:.....  
DISTRICT:.....
8. CONTACT ADDRESS:.....
9. NAME OF COLLEGE:.....

10. PLEASE TICK EXAMINATION BEING APPLIED FOR:

PART I	<input type="checkbox"/>	<b>FIRST ADMISSION</b>	<input type="checkbox"/>
PART II	<input type="checkbox"/>	<b>RE-ADMISSION</b>	
		2 <sup>ND</sup> ATTEMPT	<input type="checkbox"/>
		3 <sup>RD</sup> ATTEMPT	<input type="checkbox"/>
		OTHER (SPECIFY)	<input type="checkbox"/>

SIGNATURE OF STUDENT:.....DATE:.....

I certify that this form is being submitted subject to the following conditions:

- a) The candidate has completed the required theoretical instructions and clinical experiences.
- b) Candidate has passed the theoretical examination conducted by the school.
- c) The candidate has attained satisfactory performance in clinical nursing.

SIGNATURE OF PERSON IN-CHARGE OF PROGRAMME:.....

DATE:.....

OFFICIAL STAMP

Please return to:       The Registrar  
Nurses and Midwives Council of Malawi  
P.O. Box 30361  
**LILONGWE 3**



STB/87

**APPLICATION FOR ADMISSION OR RE-ADMISSION TO  
THE REGISTERED NURSE MIDWIVES EXAMINATION  
(UPGRADING PROGRAMME)**

**INSTRUCTIONS:**

Number 1 to 11 to be completed by candidate

Numbers A to C to be completed by the person incharge of the programme

**OFFICE USE**

FEE ELIGIBLE:.....  
EXAM. NO.:.....  
EXAM. RESULTS:.....

3. SURNAME:..... FIRST NAMES:.....
4. MAIDEN NAME (IF MARRIED):.....
5. INDEX NUMBER:.....
6. DATE PROGRAMME COMMENCED:.....
7. PERMANENT HOME ADDRESS: VILLAGE:.....  
T/A:.....  
DISTRICT:.....
8. CONTACT ADDRESS:.....
9. NAME OF COLLEGE:.....

10. PLEASE TICK EXAMINATION BEING APPLIED FOR:

PART I	<input type="checkbox"/>	<b>FIRST ADMISSION</b>	<input type="checkbox"/>
PART II	<input type="checkbox"/>	<b>RE-ADMISSION</b>	
		2 <sup>ND</sup> ATTEMPT	<input type="checkbox"/>
		3 <sup>RD</sup> ATTEMPT	<input type="checkbox"/>
		OTHER (SPECIFY)	<input type="checkbox"/>

SIGNATURE OF STUDENT:..... DATE:.....

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DATE:.....

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**LILONGWE 3**