



NMC/ED/6

NURSES AND MIDWIVES COUNCIL OF MALAWI

NOTIFICATION OF RE-ENTRY INTO TRAINING

INSTRUCTIONS TO THOSE FILLING THIS FORM

1. This form must be completed by the head of the training institution
2. If the student has changed his/her name a copy of the legal document giving the change of name should be enclosed.
3. This form must be returned to the Nurses and Midwives Council within 30 days of the student's re-entry into training.

SECTION A: STUDENT'S INFORMATION

SURNAME:.....

FIRST NAME:.....

MIDDLE NAMES:.....

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

HOME ADDRESS: VILLAGE:.....

T/A:.....

DISTRICT:.....

COUNTRY:.....

CONTACT ADDRESS:.....

.....

NAME OF TRAINING SCHOOL:.....

INDEX NUMBER:.....

NAME OF PREVIOUS TRAINING SCHOOL WHERE APPLICABLE:.....

.....

DATE PREVIOUS TRAINING COMMENCED:.....

DATE TRAINING DISCONTINUED:.....

REASON FOR DISCONTINUATION:.....

DATE OF RE-ENTRY INTO TRAINING:.....

SIGNATURE:.....

DESIGNATION:.....

DATE:.....

SCHOOL STAMP:.....

RETURN THIS FORM TO:

THE REGISTRAR
NURSES AND MIDWIVES COUNCIL OF MALAWI
P.O. Box 30361

LILONGWE 3

**SECTION B: FOR OFFICIAL USE ONLY
RE-ENTRY INTO TRAINING)**

(CONFIRMATION OF

TRAINING SCHOOL:.....

NAME:.....

INDEX NUMBER:.....

DATE TRAINING DISCONTINUED:.....

DATE OF RE-ENTRY INTO TRAINING:.....

LENGTH OF TRAINING STILL TO BE COMPLETED:.....

TENTATIVE DATE OF ENTRY TO COUNCIL'S FINAL EXAMINATION:.....

SIGNATURE:.....

DESIGNATION:.....

DATE:.....