

APPLICATION FOR REGISTRATION FOR NURSES TRAINED OUTSIDE MALAWI

INSTRUCTIONS TO APPLICANT

1. This form should be completed by applicant.
2. Use block letters when filling in the form.
3. If the name inscribed on the certificate is different from the one above, please provide supporting legal documents.
4. Detailed curriculum vitae should be provided.

SURNAME.....
 FIRST NAME.....
 MIDDLE NAME.....
 MAIDEN NAME (if married).....
 YEAR, DATE AND PLACE OF BIRTH.....
 NATIONALITY.....
 HOME ADDRESS.....
 CONTACT ADDRESS.....
 LANGUAGE SPOKEN FLUENTLY.....
 HIGHEST EDUCATIONAL QUALIFICATION.....
 NAME AND ADDRESS OF SECONDARY SCHOOL.....
 MALAWI SCHOOL CERTIFICATE OF EDUCATION (MSCE) OR ITS
 EQUIVALENT.....
 SUBJECT TAKEN AND GRADES OBTAINED:

EMPLOYMENT RECORD FOR THE PAST FIVE YEARS

| DATE OF FIRST APPOINTMENT | TYPE OF EXPERIENCE | EMPLOYER'S ADDRESS |
|---------------------------|--------------------|--------------------|
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TRAINING AND REGISTRATION RECORD

| | NAME AND ADDRESS OF TRAINING SCHOOL | DATE TRAINING STARTED | DATE TRAINING COMPLETED | QUALIFICATION OBTAINED | NAME OF REGISTERING AUTHORITY | REG. NO. | DATE OF REG. |
|--------------------------|-------------------------------------|-----------------------|-------------------------|------------------------|-------------------------------|----------|--------------|
| GENERAL NURSE | | | | | | | |
| MIDWIFE COMMUNITY | | | | | | | |
| HEALTH NURSING | | | | | | | |
| PSYCHIATRIC NURSING | | | | | | | |
| ANY OTHER PLEASE SPECIFY | | | | | | | |

I hereby make application for my name to be entered on the register/roll of nurses maintained by the Nurses and Midwives Council of Malawi.

Indicate with a tick the register/roll which this application applies.

- General Nurses register
- Midwives Register
- Community Health Nurses Register
- Psychiatric Nurses Register
- Enrolled Nurses Roll
- Enrolled midwives Roll
- Enrolled Community Health nurses Roll
- Enrolled Psychiatric Nurses Roll

Signature of applicant.....
 Date.....

Return this form to:

The registrar
 Nurses and Midwives Council
 P.O.Box 30361
 Lilongwe 3.
MALAWI