

Nurses and midwives council of Malawi

NURSES AND MIDWIVES COUNCIL ACT NO.16 OF 1995 SECTION 42

APPLICATION FOR LICENCE TO OPRATE A PRIVATE FACILITY

PART A. - PARTICULARS OF THE APPLICANT

- 1. Surname:First Names:
2. Maiden Name (where applicable).....
3. Registration No. (s):
4. Home address:
5. Contact Address:
6. Present employer:
7. Professional qualification:
8. Additional qualification:
9. Areas(s) of interest:
10. previous employer (s) (sate last two employers only Names and addresses:
11. reasons for termination of employment mentioned above (if other than retirement give brief reasons):
12. period of employment as a nurse midwife/nursing midwifely technician:
13. Area of practice in the past year:

PART B - PARTICULARS OF THE PRIVATE PTACTISE APPLIED FOR:-

- 15. Nature of private practice(please specify)
Nursing home.....
Nursing agency.....
Maternity.....
Others.....
16. Place (include plot number where applicable).....
17. Name of private practice (if any).....
18. Size/capacity of the private practice.....
19. number of personnel available and their grades
20. Village
Traditional authority.....
District.....
City (where the clinic is).....
21. Please attach photocopies of certificate and current registration receipts and an applicable fee of K... as processing fee which is not refundable

Date:200..... Signed:
(Applicant)

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Date application received:.....Date approved/not approved:.....
Amount of money (cash, money order).....if not approved give reason.....
(chques not accepted).
Receipt No..... Signature of officer.....
Enclosure of photocopied document..... Date.....