

Nurses and midwives council of Malawi

TRANSCRIPTS FROM TRAINING SCHOOLS

INSTRUCTIONS

1. This form must be filled and signed by the head of training institution where the applicant pursued his/her professional course
2. When completed, it must be sent directly to the nurses and midwives council of Malawi.

This is to certify that:

Surname
First name.....
Middle name.....
Maiden name (if any).....
Was admitted at.....

School of nursing

City

Province/Country

PERIOD OF TRAINING

Date training commenced.....
Date training completed.....
Language of instruction.....

Record of leave

- Holiday:.....
- Sick leave:.....

Record of theoretical instruction and grades obtained

| <u>Subject</u> | <u>Hours</u> | <u>Grades obtained</u> |
|---|--------------|------------------------|
| - Microbiology | | |
| - Trends and issue of nursing | | |
| - Health education | | |
| - Nursing principals and practice/ Fundamentals | | |
| - Pharmacology | | |
| - Ethico-legal aspect | | |
| - Nutrition | | |
| - Medical nursing | | |
| - Surgical nursing | | |
| - Paediatric nursing | | |
| - Ear, nose and throat | | |
| - Ophthalmic nursing | | |
| - First aid | | |
| - Emergency nursing | | |
| - Community healthy nursing | | |
| - Communicable diseases | | |
| - Psychology | | |
| - Sociology | | |
| - Psychiatric nursing | | |
| - Gynaecology | | |
| - Any other (include specialties Please specify) | | |

Record of clinical practice and grades obtained

| <u>Department/units</u> | <u>No. of weeks</u> | <u>Grades obtained</u> |
|--------------------------|---------------------|------------------------|
| - Medical nursing | | |
| - Surgical nursing | | |
| - Paediatric nursing | | |
| - Operating theatre | | |
| - Casualty/outpatients | | |
| - Community health | | |
| - Psychiatric nursing | | |
| - Gynaecology | | |
| - Other (please specify) | | |

Facilities used during clinical placement by applicant

Total number of hospital beds.....
- Surgical beds.....
- Medical beds.....
- Paediatric beds.....
- Gynecological beds.....
- Psychiatric beds.....
- Any other (please specify).....
Average number of qualified tutors/instructors
During the entire training.....

Signature of head of the institution:.....

DAY

Month

Year

Stamp or seal affidavit

Return this from to:

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

Revised: October, 2004.