



NURSES AND MIDWIVES COUNCIL OF MALAWI

**APPLICATION FOR REGISTRATION FOR NURSES AND
MIDWIVES TRAINED OUTSIDE MALAWI**

INSTRUCTIONS TO THE APPLICANT

1. This form should be completed by the applicant
2. Use block letters when filling out the form
3. If the name inscribed on the certificate is different from the one above, please provide supporting legal documents
4. A detailed curriculum vitae should be provided
5. All names must be given in full.
6. Please note that the names given in this form are the ones under which the application will be indexed and which must be used in all correspondence to this Council.
7. If you registered or enrolled with this Council previously, please indicate your registration/enrolment number in the space provided below:
Registration/Enrolment Number.....

A. PERSONAL DETAILS

Surname	Permanent Address
Given Names in full	Street/Village:.....
Maiden Name (if applicable)	Code/T/A.....
<i>Date of Birth</i> Day/Month/Year / /	City/District.....
Nationality	Country.....
National Identity Number or Passport Number	Email-Address
Phone Number	Period to stay in Malawi dd/mm/yyyy From...../...../..... To/...../.....



B. ACADEMIC AND PROFESSIONAL QUALIFICATIONS

Professional Qualifications	Write in full the Professional Qualifications
PhD	
Masters	
Bachelors Degree	
Diploma	
College Diploma	
Certificate	

C. PROFESSIONAL REGISTRATION HISTORY

Name of Training Institution	Date Training Commenced	Date Training Completed	Qualification obtained	Name of Registering Authority	Registration Number	Date of Registration

D. EMPLOYMENT RECORD FOR THE PAST 3 YEARS

	Employer	Responsibility	Duration
1			
2			
3			



E. REGISTER UNDER WHICH THE APPLICATION IS MADE

(Tick the most appropriate with a “X”)

NURSING AND MIDWIFERY TECHNICIANS		SPECIALIST NURSES/MIDWIVES (Masters/PhD)	
Nursing and Midwifery Technician		Mental Health and Psychiatry	
Community Health Nursing Technician		Adult Health	
Community Midwifery Assistant		Midwifery	
Psychiatric Nursing Technician		Nursing and Midwifery Education	
Nursing Technician		Child Health	
Midwifery Technician		Community Health	
		Nursing management	
		Reproductive Health	
REGISTERED NURSES/MIDWIVES (DIPLOMA)			
Registered Nurse Midwife		Critical care	
Registered General Nurse		Dialysis and Nephrology	
Registered Midwife		Theatre	
Registered Nurse-Community Health		Oncology	
Registered Nurse-Mental Health and Psychiatry			
Registered Nurse-Nephrology		Other (Specify)	
Registered Nurse-Emergency			
Registered Nurse-Theatre			
Registered Nurse-Child Health			
Registered Nurse-Adult Health			
PROFESSIONAL NURSES/MIDWIVES (BSc)			
Professional Nurse Midwife			
Professional General Nurse			
Professional Midwife			
Professional Nurse-Nephrology			
Professional Nurse- Adult Health			
Professional Nurse- Child Health			
Professional Nurse- Community Health			
Professional Nurse- Mental Health and Psychiatry			
Professional Nurse-Intensive Care			
Professional Nurse-Theatre			
Professional Nurse-Oncology			



F. PROSPECTIVE EMPLOYER IN MALAWI

Name of employer/Prospective employer /Organization if applicable	District
Address of employer/Prospective employer /Organization if applicable	

G. DECLARATION

Answer these five questions with a definite “YES” or “NO” by making a cross in the appropriate block. If the reply to any of the questions is “YES”, full particulars must be submitted together with the application.

WARNING:
*Falsification of any information may lead to disqualification. If you are in doubt as to how to answer one or more of these questions, please contact the Council for assistance.
 “Professional misconduct” means unprofessional conduct, disgraceful conduct or improper conduct, or any similar offence.*

	YES	NO
1. Have you ever been convicted of an offence by a court of law in any country?		
2. Is a charge of an offence pending against you in any country?		
3. Have you ever been charged with:		
a. Professional misconduct		
b. Negligence		
c. Malpractice		
4. Do you have any history of mental illness?		
5. Has your license ever been:		
a. Revoked,		
b. Suspended		
c. Restricted		

I certify that the information provided in this application form is true and correct.

Signature of applicant:.....	Day/Month/Year / /	Verification fee paid MK..... USD.....
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Please return this form to:

The Registrar
Nurses and Midwives Council of Malawi
PO Box 30361
Lilongwe 3
MALAWI
Or Email: nmcm@nmcm.org.mw