MARCH 2023

FORM CHNT/A

APPLICATION FOR ADMISSION OR RE-ADMISSION TO THE COMMUNTY HEALTH NURSING TECHNICIAN EXAMINATION

INSTRUCTIONS:

Number 1 to 12 to be completed by candidates

Numbers A to C to be completed by the person in charge of the programme

OFFICE USE
FEE……
ELIGIBLE……
EXAM NUMBER……
EXAM RESULTS……
MK……

1. ENCLOSED EXAMINATION FEE……..
2. DATES OF EXAMINATION……
3. SURNAME……FIRST NAME……..
   MAIDEN NAME (If Married)……
4. INDEX NUMBER……NATIONAL ID NUMBER……
5. DATE PROGRAMME COMMENCED……
6. PERMANENT HOME ADDRESS:
   VILLAGE……..
   T/A……..
   DISTRICT……
7. CONTACT ADDRESS……
   ……
   PHONE NUMBER……EMAIL ADDRESS……
8. NAME OF UNIVERSITY/COLLEGE……
9. REGION AT WHICH EXAMINATION WILL BE TAKEN: **NORTH** ☐
   CENTRAL ☐ **SOUTH** ☐

10. PLEASE TICK EXAMINATION BEING APPLIED FOR:

FIRST ADMISSION ☐ RE-ADMISSION ☐

11. IF READMISSION INDICATE THE NUMBER OF ATTEMPT

SECOND ATTEMPT ☐ THIRD ATTEMPT ☐

FOURTH ATTEMPT ☐ OTHER (PLEASE SPECIFY)

12. IF IT IS NOT THE FIRST ATTEMPT INDICATE THE SPECIFIC EXAMINATION PAPER/S APPLYING

PAPER ONE ☐ PAPER TWO ☐

SIGNATURE OF STUDENT:……DATE:……

I certify that this form is being submitted subject to the following conditions:

a. The candidate has completed the required theoretical instructions and clinical experiences.
b. The candidate has passed the theoretical examination conducted by the school.
c. The candidate has attained satisfactory performance in clinical nursing.

NAME OF PERSON IN-CHARGE OF PROGRAMME:……..……

SIGNATURE……DATE……

OFFICIAL STAMP

Return the form to:

The Registrar
Nurses and Midwives Council of Malawi
P.O. Box 30361
LILONGWE 3

MARCH 2023

FORM CHNT/B

APPLICATION FOR REGISTRATION

I hereby make application for my Name to be entered on the roll of Community Health Nursing Technician maintained by the Nurses and Midwives Council of Malawi

FOR OFFICIAL USE

FEE PAID MK……

RECIEPT NUMBER……

Indicate with a [√] the register which this application is made

[ ] Community Health Nursing Technician (CHNT)

STATE CLEARLY

TYPE OF TRAINING	**NAME OF EDUCATIONAL INSTITUTION AND ADDRESS**	**DATE TRAINING**		**CERTIFICATE NUMBER (if applicable)**
		COMMENCED	**COMPLETED**	

Enclosed initial Registration fee MK……Receipt No……

Student Index Number……National ID Number……

Surname……First Name……

Other Names…….....Maiden Name (if Married)……

Date of Birth……/……/……

Permanent Home address:
Village……T/A……District……

Nationality……National ID number……..

Signature of applicant……Date……/……/……

Name of Head of Institution…….……..

Signature……Date……/……/……...

OFFICIAL STAMP

Return the form to

The Registrar
Nurses and Midwives Council of Malawi
P.O. Box 30361
LILONGWE 3

MARCH 2023 **FORM CHNT/C**

SUMMARY OF THE COMMUNITY HEALTH NURSING TECHNICIAN CLINICAL EXPERIENCE

INSTRUCTIONS:

This form must be completed and signed by the Principal or his/her designate of the training institution where the candidate pursued the course.

Name of Institution……....

Address……

I certify that …… ……..

SURNAME FIRST NAME

Was indexed by the Nurses and Midwives Council on……/……./……

Date Course Commenced…../……./……Date course completed……/…../…..

SUMMARY OF CLINICAL EXPERIENCE ACQUIRED BY THE CANDIDATE

	Experience	**Prescribed Hours**	**Number of Hours Completed**
1	Dental	40	
2	Eye	40	
3	Skin	40	
4	TB	40	
4	Under five Clinic	120	
5	NRU	80	
6	Family Planning	120	
7	Community postnatal care	40	
8	Youth Friendly Health Services	40	

	Experience	Prescribed Hours	Number of Hours Completed
9	Community Diagnosis	40	
10	Occupational Health Nursing	40	
11	Home Visit	40	
12	Community-Based Organization	40	
13	Community Health Nursing Outreach Clinic	40	
14	Coordination of CHN activities	80	

N.B. Please indicate clearly where clinical experiences were combined.

SUMMARY OF CLINICAL ASSESSMENTS

	ASSESSMENT TITLE	NO. OF ENTRIES	RESULTS	COMMENT
1	Care of the Under-five Children			
2	Care of the School Child			
3	Management of a client seeking family planning			
4	Conducting a Home Visit			

Signature of Principal/ Designate:……Date:……/……/……

OFFICIAL STAMP

Please return the form to: The Registrar

Nurses and Midwives Council of Malawi

PO BOX 30361,

Capital City, Lilongwe 3