

NURSING COUNCIL OF MAURITIUS

APPLICATION FORM FOR REGISTRATION

Title : Mr , Mrs, Miss

SURNAME:.....

First Name:.....

Maiden name:.....

Date of Birth:..... **SEX:**.....

Nationality:

Mauritian

NIC:.....

Foreigner

Country of origin:.....

Naturalization

Passport number:.....

Address:

Residential:.....

.....

Tel: No: Mobile:..... E-mail

Place of Work

Tel :No:.....

Date of Enrollment as student nurse:.....

Date passed final nursing examination:.....

Date of first appointment as a nurse:

In Mauritius:.....

Foreign country:.....

Details of Academic Qualifications:

Qualifications	Institutions	Year

Details of Professional qualifications :

Qualifications	Institutions	Year

Registration Body:.....

In which capacity are you employed:.....

Place of Work:.....**Field of Practice**.....

Type of registration applied for

Work permit issued: (Wherever applicable) (Yes/No):.....

Documents annexed:

- | | | |
|--|---|---|
| Birth certificate <input type="checkbox"/> | Marriage certificate <input type="checkbox"/> | Morality Cert. <input type="checkbox"/> |
| Identity card <input type="checkbox"/> | Passport size photo <input type="checkbox"/> | Letter of Conduct <input type="checkbox"/> |
| Academic Qual. <input type="checkbox"/> | Professional Qual. <input type="checkbox"/> | Transcript of Training <input type="checkbox"/> |

Employment:

Govt Service Private sector Self-employed Private Practitioner Other

(i) Name and address of employer :

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(iii) Whether permanent/Temporary/Part-time/ Self employed/ on contract

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If on contract for how long?.....

DECLARATION BY APPLICANT

I.....declare

- (i) That all the particulars given above are to my best knowledge and belief true and accurate.
- (ii) That I am of good character and have not been convicted of any crime involving fraud or other dishonesty.
- (iii) That I am not under suspension under the laws of any country for or on account of any infamous conduct or any professional incompetence or malpractice.
- (iv) That I have not been struck off the list of persons entitled to practice nursing /midwifery in any country.
- (v) That I am not incapacitated by reason of any physical or mental health.
- (vi) That I agree to pay the prescribed registration fee(s) as per the Nursing council Act in force.
- (vii) That I will comply with the Regulation and Professional code of practice regulated by the Nursing Council Act of Mauritius in force.

DATE:.....

Signature:.....