Form NC 2.

Provisional Rego. No: _____ *Practioner No:* _____

PAPUA NEW GUINEA NURSING COUNCIL

Medical Registration Act 1980

APPLICATION FOR FULL REGISTRATION AND LICENCE TO PRACTISE - PNG

Please send your application to : PNG NURSING COUNCIL, OFFICE OF REGISTRAR, PRIVATE MAIL BAG, PORT MORESBY, PNG

PART A: PERSONAL DETAILS

TITLE ☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Sr ☐ Dr ☐ Prof

Family Name/Surname _____ First Name _____ Date of Birth ……/……/…….

Marital Status ☐ Married ☐ Single ☐ Divorced ☐ Widow/Widower ☐ Other (specify)

Nationality _____ Gender ☐ Female ☐ Male

Address *(in full)* : _____ Contact No: _____

Province _____ Email Address: _____

PART B: APPLICATION DETAILS (I wish to apply for FULL REGISTRATION as:

NURSING CATEGORY: ☐ Registered Nurse ☐ Midwifery ☐ Mental Health Nurse

☐ Paediatric Nurse ☐ ☐

☐ Other (please specify) _____

PART C: EMPLOYMENT DETAILS

Employment Status: ☐ Full Time ☐ Part Time ☐ Studying ☐ Unemployed ☐ Others *(specify)*

Area of employment: ☐ Government ☐ Private ☐ Church ☐ NGOs ☐ Others *(specify)*

Name of Employer: _____ Occupation: _____

Function Type: _____ Place of work: _____

Business Address: _____ Business No: _____

Reasons for unemployment: _____

PART D: POST-GRADUATE QUALIFICATIONS

Qualification Type 1 _____ Program Title 1 _____

2 _____ 2 _____

3 _____ 3 _____

Date Started: _____ Date Completed: _____

Training Institution: _____

Address: _____ Country: _____

Please attach copy of your receipt ***(PGK50.00)*** *with this form to Papua New Guinea Nursing Council.*

PART E: DECLARATION

I, the undersigned, certify that I am the person referred to in the foregoing application for registration as a registered nurse and/or midwife in Papua New Guinea and that the statements therein are true to the best of my knowledge and belief.

I further affirm that I am of good physical and mental health and of good moral character and I will keep the Papua New Guinea Nursing Council Board informed of any criminal charges and or physical or mental conditions which may jeopardize the quality of nursing care rendered by me to the public.

I hereby authorize all hospitals, institutions or organisations, my references, personal physicians, employers, (past, present) to release to this Board any information, files or records requested by the Board in connection with the processing of this application.

I have carefully read the information in the application form and have completed it without reservations of any kind. I declare that all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall be a cause for denial, suspension or revocation of my Licence to Practise as a nurse and or midwife in PNG.

_____ _____/_____/_____

Signature of Applicant *Date*

_____

Sworn Before Me

_____/_____/_____

COMMISSIONER OF OATHS or recognised a *Date*

from country of origin.

F. PAYMENT DETAILS *(for office use only)*

Official Receipt No: _____ *Amount: PGK* _____ Date: _____/_____/_____

Officer Receiving: _____ *Signature:* _____

Provincial Treasury Office Payment made: _____

PNG Nursing Council Stamp

ATP# …….