



State Registration for Nurses and Midwives

FORM 1: APPLICATION FOR REGISTRATION AS A NURSE/MIDWIFE

(Please complete in Block Letters)

To: The Registrar
Seychelles Nurses and Midwives Council
P.O.BOX 1610, MAHE, SEYCHELLES

1. I.....
(Full Names and Surname)

2. Born onat
(Date) (Place)

3. Residing at
.....
(Full Permanent Address)

4. Marital Status
(Status whether Married/Single/Widowed or Divorced) If married give Maiden Name

Hereby request the Seychelles Nurses and midwives Council to enter my name in the Register or part of the Register of maintained by the Council.

I forward herewith:

- (i) my certificate of birth or other proof of date of birth
- (ii) my certificate of training
- (iii) transcript of training
- (iv) my certificate of registration (if trained outside Seychelles)
- (v) evidence of good character/professional efficiency
- (vi) name and address of two referees
- (vii) verification of entry (ies) on professional register for nurses & midwives
- (viii) recent passport-size photograph
- (ix) Evidence of written and spoken English or French

I promise in the event of my being registered and in consideration thereof, to be bound by and to conform to the Rules and Regulations as laid down by the Council.

Date:

Signature: