



State Registration for Nurses and Midwives

**FORM 2:**

**CONFIDENTIAL REPORT**

To be filled by a Professional Officer, Doctor or Responsible Person under whom the Applicant has worked during the past three years and returned to

The Registrar, Seychelles Nurses and Midwives Council, P.O.BOX 1610, Mahe, Seychelles

(Please complete in Block Letters)

- 1. **Name of Person for whom reference is required.....**  
.....  
*(Full Christian Names and Surname)*
  
- 2. **Name and Address of Referee .....**  
.....
  
- 3. **In what capacity was the Applicant employed during the period you knew the Applicant? .....**  
.....
  
- 4. **What is your opinion of the Applicant's character and professional ability?.....**  
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.....
  
- 5. **Do you recommend the Applicant for Registration with the Council? .....**  
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- 6. **If your answer to the previous question is "NO" please state reasons .....**  
.....  
.....  
.....

**Name:** .....  
**Signature:** .....  
**Position Held:** .....  
**Date:** .....

**NOTE: Reply will be treated as Confidential**

