



Logo Design Competition Application Form

Seychelles Nurses and Midwives Council (SNMC)

The SNMC is seeking a fresh, professional, and inspiring new visual identity. We invite all creative minds to submit a logo design that reflects our commitment to excellence, care, and the regulation of the nursing and midwifery professions in Seychelles.

1. Participant Information

Please fill out your personal details clearly.

- **Full Name:** _____
- **National ID Number (NIN):** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Physical Address:** _____
- **Are you a student?** Yes No
 - *If yes, please specify school/institution:* _____
 - *If no, please state profession/work area:* _____

2. Design Submission Details

Help us understand the vision behind your creation.

- **Concept Rationale:** Briefly explain the symbolism behind your design (colors, shapes, icons used) and how it represents the SNMC.

- **Primary Colors Used:** _____
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3. Submission Checklist & Requirements

Before submitting, ensure your entry meets the following criteria:

- **Format:** High-resolution PDF, PNG, and JPEG.
 - **Scalability:** The design must look clear on a business card and a large banner.
 - **Originality:** The work must be 100% original and not infringe on any copyrights.
 - **Versatility:** Please provide a full-color version and a grayscale/black-and-white version.
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4. Terms and Conditions

1. **Ownership:** The winning design will become the sole property of the Seychelles Nurses and Midwives Council.
2. **Modifications:** The SNMC reserves the right to request adjustments to the winning design.
3. **Anonymity:** To ensure fairness, judging will be conducted blindly. Do not place your name or signature on the actual logo artwork.
4. **Deadline:** All entries must be submitted by [24.04.2026] at **Seychelles Nurses and Midwives Council Global Village Mont Fleuri, Block 2 Room no 5, Tel: 4325897.**

Declaration: *I hereby certify that the attached logo design is my original work and that I agree to the terms and conditions of this competition.*

Signature: _____ **Date:** _____

How to Submit

- **Email:** Send your files and a scanned copy of this form to RegistrarSNMC@health.gov.sc / deputyregistrarSNMC@health.gov.sc with the subject: *SNMC Logo Competition - Your Name.*
- **In-Person:** Drop off a USB drive and printed form at the SNMC Office.