

PROFESSIONAL QUALIFICATIONS

College/University	Degree/Diploma	Period (Month/Year)	
		From	To

ADDITIONAL SHORT COURSES

Institution	Degree/Diploma	Period (Month/Year)	
		From	To

Section 2

	Application for Registration as:	Trained in Zambia	Trained outside Zambia
2.1	Registered Nurse		
2.2	Registered Midwife		
2.3	Enrolled Nurse		
2.4	Enrolled Midwife		
2.5	Registered Mental Nurse		
2.6	Operating Theatre Nurse		
2.7	Enrolled Psychiatric Nurse		
2.8	Sick Children's Nurse		
2.9	Nurse Tutors		
2.10	Ophthalmic Nurse		
2.11	ICU Nurse		
2.12	Specialist Nurse		
2.13	Occupational Health		
2.14	Public Health		

Section 3

Residential Address		
3.1	House No	
3.2	Street	
3.3	District	
3.4	Province	
Postal Address		
3.5	Name of Employer	
3.6	P. O. Box/PB	
3.7	Town	
3.8	Tel	
3.9	Fax	
3.10	E-Mail	
Next of Kin		
3.1.1	Name	
3.1.2	P. O. Box	
3.1.3	Town	
3.1.4	Telephone No.	
3.1.5	Fax	
3.1.6	Mobile	
3.1.7	E-Mail	

Please inform the Registrar, General Nursing Council of any change of address

Section 4

CURRENT WORK STATUS (For Qualified Nurse & Midwives only)

4.1	Are you currently:	a) Employed	b) Unemployed	c) Retired
4.2	Are you working in Zambia	Yes / No		
4.3	Are you currently working as a nurse	Yes / No		
4.4	Retired	Yes / No		
4.5	Self employed	Yes / No		
If working				
4.6	Position / Designation			
4.7	Name of Employer			
4.8	P. O. Box / PB			
4.9	Town			
5.0	Tel			
5.1	Fax			
5.2	E-mail			

	Areas Where you have Worked	Tick
4.6	Medical Surgical	
4.7	Paediatrics	
4.8	Obstetric-Maternity	
4.9	Psychiatry - Mental Health	
4.10	Intensive Care	
4.11	Operating Theatre	
4.12	Accidents and Emergency	
4.13	Other Hospital Work (Specify)	
4.14	Community Health / Health Centre	
4.15	Private Practice	
4.16	Nursing-midwifery education	
4.17	Nursing Management	
4.18	Other Nursing position (Specify)	
4.19	Other (non-nursing) employment (Specify)	
	Work experience	Tick
4.20	Health Centre	
4.21	District Hospital	
4.22	Provincial Hospital	
4.23	Central Hospital	
4.24	University Teaching Hospital	
4.25	Psychiatric Hospital	
4.26	Private Hospital	
4.27	Private Clinic	
4.28	Nursing Home	
4.29	Mission Hospital	
4.30	Self employed nurse	
4.31	NGO (specify)	
4.32	International Agencies/Organisations (specify)	
4.33	Education Institution	
4.34	Government Ministry (specify)	
4.35	Other non-listed (please specify)	
	Category of Employment	Tick
4.36	Government	
4.37	Mission	
4.38	Private	
4.39	Defence	

Section 5

Tick the documents submitted to support your application.		
5.1	NRC Card	
5.2	Passport	
5.3	Registration certificate (s) including from other recognized Nursing Council	
5.4	Transcript and CV for applicants trained outside Zambia	
5.5	Certificates from training institutions	
5.6	Academic Certificates	
5.7	3 passport size photos with name and signature on back	
5.8	Certified copies professional and academic certificate (s)	
5.9	Certified copies of marriage certificate	
5.10	Others	

The original documents must be presented to the Registrar

DECLARATION

I.....hereby apply for registration on the
aforenamed register kept by the General Nursing Council of Zambia in
accordance with the provisions of the Nurses and Midwives Act No. 31 of
1997, and declare that to the best of my knowledge, this is a true statement
and that.

- (a) I have never been debarred from practising my profession on
grounds of professional misconduct; and

- (b) My name has never been removed from any register of member of
my professional kept in accordance with the laws of any country or
state in which I have practised my professional; and

- (c) No inquiry is pending which may result in the action being taken,
which is referred to sub paragraph (a) or (b)

And I make this solemn declaration, conscientiously believing the
same to be true.

Signed:.....

Date:.....

Please return the form including Registration fees to:

**The Registrar
General Nursing Council
P. O. Box 33521
LUSAKA**

FOR OFFICE USE ONLY;

Section 6 -

Tick the documents received/verified		
6.1	NRC Card No.	
6.2	Passport No.	
6.3	Registration Certificate (s) including from other recognized Nursing Councils	
6.4	Transcript and CV for applicants trained outside Zambia	
6.5	Certificates from training institutions	
6.6	Academic Certificates	
6.7	3 passport size photos with name and signature at the back	
6.8	Certified copies professional and academic certificate(s)	
6.9	Certified copies of marriage certificate	
6.10	Other	

SECTION 7

1. Prescribed Registration fees.....
2. Date Registration approved:.....
3. Date Registration refused:.....