



REGISTRATION - NEW STUDENT NURSES

R1

(Sections 19 & 31 Nursing Decree & Regulation 14)

Please complete all sections of this form. Tick boxes where applicable.

Website: <https://fnc.org.fj>

Email: kelera.batibasaga@fnc.org.fj

Phone: (679) 9980595

4.5 x 3.5
Glue recent valid ID photo

1. PERSONAL DETAILS		2. PROGRAM OF STUDY	
First Name: _____	Title: Mr. <input type="checkbox"/>	Undergraduate [UG]: _____	
Other Name (s): _____	Miss <input type="checkbox"/>	Name of Programme: _____	
Surname (As on Birth/Marriage Certificate): _____	Mrs. <input type="checkbox"/>	Name of Institute: _____	
Date of Birth: <u>DD/MM/YYYY</u>	Country of Citizen: _____	Level of Study: Year 1 <input type="checkbox"/>	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Country of Birth: _____		
Residential Address: _____	FNC Registration Number: _____		
Contact Mobile: _____ Landline: _____ Email: _____			
3. Finance Details	4. Secondary/Tertiary/Professional Qualifications	5. Work Experience	6. Health Status (To be filled by HOD)
Private <input type="checkbox"/> Sponsor. <input type="checkbox"/> If sponsored, enter name of Sponsor: _____ _____	Secondary: _____ Tertiary: _____ Professional: _____ Highest Secondary/Professional Qualifications: _____ Title: _____ Institute: _____ Year: <u>DD/MM/YYYY</u>	Position: _____ Organization: _____ _____ Year: <u>DD/MM/YYYY</u>	Medical Examination: Yes <input type="checkbox"/> No <input type="checkbox"/> Results: _____ Name of Doctor: _____ Place of Exam: _____ Date: <u>DD/MM/YYYY</u>



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7. Character for fitness to practice (To be filled by HOS)

8. Applicant's Declaration

I undertake to comply with the provision of this registration under the Nursing Decree administered by the Fiji Nursing Council. I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that making a false declaration is an offence.

Applicant's Signature: _____

Witness – HOS: _____

Date: DD/MM/YYYY

9. Application Checklist. Please tick (✓) the check box to indicate the documents submitted with your application. Photocopied (non-original) documents must be certified by a Justice of Peace or Senior Civil Servant.

Certified copy of Birth Certificate & Marriage Certificate	<input type="checkbox"/>	1 Recent Passport Sized Photo	<input type="checkbox"/>
Certified copy of Year 12 or Year 13 Qualification(s)	<input type="checkbox"/>	Certified copy of Tertiary Qualification(s)	<input type="checkbox"/>
Certified copy of Additional Qualification(s)	<input type="checkbox"/>		
Acceptance Letter from University	<input type="checkbox"/>		
Student Nurse Fee Invoice [\$16.00] (Bank Details: Bank of the South Pacific; Acc #: 8686863)	<input type="checkbox"/>		

10. OFFICIAL USE ONLY

New Registration

Receiving Officer Name: _____

Receiving Officer Signature: _____

Date: DD/MM/YYYY

Comments:

Complete Incomplete

Approved Not Approved

Payments Received: RR _____

Amount (\$): _____

Date: DD/MM/YYYY

Completed Registration forms to be sent to:

Director
Fiji Nursing Council,
1 High Street,
Toorak SUVA.