



# CONTINUING STUDENT NURSE REGISTRATION

# R1A

Website: <https://fnc.org.fj>  
Email: [kelera.batibasaga@fnc.org.fj](mailto:kelera.batibasaga@fnc.org.fj)  
Phone: (679) 9980595

(Sections 19 & 31 Nursing Decree & Regulation 14)  
Please complete all sections of this form. Tick boxes where applicable.

4.5 x 3.5  
Glue recent valid ID photo

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



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

## 6. 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

## 7. 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"/>
Acceptance Letter from Institution/University	<input type="checkbox"/>		
Certified copy of Institution/University Result(s) from previous year	<input type="checkbox"/>		
Certified copy of student APL	<input type="checkbox"/>		
Fee Payment Receipt [Bank Details: Bank of the South Pacific - Acc #: 8686863]	<input type="checkbox"/>		

## 8. OFFICIAL USE ONLY

Type of Registration:

Undergraduate:  Postgraduate:

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.**