



# POSTGRADUATE STUDENT NURSE REGISTRATION

# R1B

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:	Title:	Postgraduate [PG]:	
	Mr. <input type="checkbox"/>		
Other Name(s):	Miss <input type="checkbox"/>	Name of Programme:	
	Mrs. <input type="checkbox"/>		
Surname (As on Birth/Marriage Certificate):		Name of Institute:	
Date of Birth:	Country of Citizen:	Duration of Study:	
<u>DD/MM/YYYY</u>		Start Date: <u>DD/MM/YYYY</u>	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Country of Birth:	End Date: <u>DD/MM/YYYY</u>	
Residential Address:	FNC Registration Number:		
Contact			
Mobile: _____			
Landline: _____			
Email: _____			
3. Finance Details	4. Work Experience	5. Health Status (To be filled by HOD)	
Private <input type="checkbox"/>	Position:	Medical Examination:	
Sponsor <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If sponsored, enter name of Sponsor:	Organization:	Results:	
	Year:	Name of Doctor:	
	<u>DD/MM/YYYY</u>		
		Place of Exam:	
		Date:	
		<u>DD/MM/YYYY</u>	



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

## 7. 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

## 8. 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.

Residence Applicant		Non-Residence Applicant	
1 Recent Passport sized photo	<input type="checkbox"/>	1 Recent Passport sized photo	<input type="checkbox"/>
Acceptance letter from Institution	<input type="checkbox"/>	Acceptance letter from Institution	<input type="checkbox"/>
Supporting letter from employer	<input type="checkbox"/>	Supporting letter from employer	<input type="checkbox"/>
Certified copy of current APL	<input type="checkbox"/>	Certified copy of passport Bio-data	<input type="checkbox"/>
Certified copy of registration certificate	<input type="checkbox"/>	Certified copy of registration certificate	<input type="checkbox"/>
Fee Payment receipt (\$16.00 FJD)	<input type="checkbox"/>	Fee Payment receipt (\$67.00 FJD)	<input type="checkbox"/>

[Bank Detail: Bank of the South Pacific – Acc #: 8686863]

## 9. OFFICIAL USE ONLY

Type of Registration:

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.**