



APPLICATION TO SIT **R2** QUALIFYING FNC REGISTRATION EXAMINATION

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

Email: kelera.batibasaga@fnc.org.fj

Phone: (679) 9980595

Nursing Decree No. 41, (Part 4, Division 3, Section 26)

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

1. PERSONAL DETAILS

First Name:

Last Name:

Date of Birth: DD/MM/YYYY

Residential Address:

Email Address:

2. DECLARATIONS

I, hereby apply to sit the **Qualifying Registration Examination** of the **Fiji Nursing Council** to be held on the DDDD day of MMMMMMMMMM, 20YYYY.

I have completed years and months training at

(Name of training school)

I, forward, herewith the Assessments Results on Competencies Achieved and Log Book to confirm completion of Clinical hours required as per **Nursing Decree No. 41, Part 4, Division 3, Section 26 of the Fiji Nursing Council, 2011.**

Signature of Applicant:

Signature of Principal:

Date: DD/MM/YYYY



R2

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3. SUPPORTING DOCUMENTS

Please submit copies of the following documents with this application:

- i) Graduation Certificate
- ii) Letter from Institution of completion of study
- iii) Receipt of Payment \$24.00 (**BSP Bank Account Number: 8686863**)

4. OFFICIAL USE ONLY

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.