



# RENEWAL OF NURSE REGISTRATION

(Under Nursing Decree 41 of 2011)

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

# R3A

4.5 x 3.5  
Glue recent valid ID photo

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

Email: [kelera.batibasaga@fnc.org.fj](mailto:kelera.batibasaga@fnc.org.fj)

Phone: (679) 9980595

## 1. PERSONAL INFORMATION

First Name: <input type="text"/>	FNC Number: <input type="text"/>
Other Name(s): <input type="text"/>	Employment Number: <input type="text"/>
Last Name: <input type="text"/>	
Date of Birth: <input type="text"/> <i>DD/MM/YYYY</i>	Country of Citizenship: <input type="text"/>
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Country of Birth: <input type="text"/>
Residential Address: <input type="text"/> <input type="text"/>	Postal Address: <input type="text"/> <input type="text"/>
Employer Details: Employer Name: <input type="text"/>	
Employer Address: <input type="text"/> <input type="text"/>	
Phone Contact: <input type="text"/> Department/Ward: <input type="text"/>	
Name of next of kin: <input type="text"/> Relationship: <input type="text"/>	
Address of next of kin: <input type="text"/>	
Mobile Contact: <input type="text"/> Landline Contact: <input type="text"/>	
Language: <input type="text"/>	

## 2. NURSING REGISTRATION HELD IN FIJI AND ELSEWHERE

Date of entry	Registering Authority	Name of Nation/State	Valid Until	General / Specialist
<i>DD/MM/YYYY</i>	<input type="text"/>	<input type="text"/>	<i>DD/MM/YYYY</i>	<input type="text"/>

## 3. REGISTRATION DETAILS

Category(s) of Registration sought: Internship <input type="checkbox"/> General Registration <input type="checkbox"/> Vocational <input type="checkbox"/>
Vocational registration in the field of <input type="text"/>



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<b>4. PRIMARY NURSING QUALIFICATION</b>
Qualification gained:
Institution:
Country:
Year & length of program:
Clinical instruction received:
Language of instruction of course:

5. INTERNSHIP TRAINING COMPLETED AS FOLLOWS			
Clinical Discipline	Institution & location Name of hospital & city	Duration (In Months)	Month/Year Completed
General Medical & Surgical Nursing			
Psychiatry Nursing			
Obstetrics & Gynecology			
Public Health			
Other			

6. SUMMARY RECORD OF NURSING PRACTICE (FOR THE PREVIOUS 5 YEARS)					
Any period of unemployment or temporary retirement from practice greater than one month should be documented and reasons for same indicated. Attach additional sheets if necessary. Please do not simply write "See C.V."					
	From: MM/YYYY	Until: MM/YYYY	Post:	Location (Name of hospital)	Clinical area of practice
1					
2					
3					
4					
5					
6					
7					
8					
9					
Signature: _____				Date: DD/MM/YYYY	

7. SUPPORTING DOCUMENTS	
Please submit copies of the following documents with this application:	
Certified copy of Birth Certificate	<input type="checkbox"/>
Certified copy of Registration Certificate.	<input type="checkbox"/>
1 Recent Passport Sized Photo	<input type="checkbox"/>
Certified copy of recent Annual Practicing License	<input type="checkbox"/>
Fee payment slip/receipt of \$80.00.	<input type="checkbox"/>
<i>Note: Additional supporting Document to include Police Report or Statutory Declaration for missing APL card</i>	
False/Fraudulent claims: In the event of any applicant submitting false or incomplete information, and/or copies of certificates, which are found to be false, the Nursing Registration authority of the applicant's citizenship will be notified. The application for registration in Fiji will not be granted; or provisional registration, if already given, will not be confirmed, and may be cancelled. Council may require further information before such decision is made.	



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## 8. PAYMENTS

A fee schedule can be viewed on our website. Please make any cheques payable to the Registrar of the Fiji Nursing Council. Should you wish to make a direct payment, **add your details in the payer section** and deposit the fee in our BSP Account (AC #: 8686863, BSP Swift Code: BOSPFJFJ).

### Preferred Method of Payment

Direct Deposit to BSP Account [AC #: 8686863, BSP Swift Code: BOSPFJFJ]

<u>Description</u>	<u>Rate (FJD\$) - VIP</u>
Application fee (Renewal of Registration Certificate)	\$80.00 FJD

## 9. OFFICIAL USE ONLY

Receiving Officer  
Name:

Receiving Officer  
Signature:

Date received:

DD/MM/YYYY

Receipt Number:

Comments:

Complete

Incomplete

Approved

Not Approved

Payments Received: RR

Amount (\$):

Date: DD/MM/YYYY

Date Issued:

DD/MM/YYYY

**All applications should be addressed to the:**

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