



VERIFICATION OF REGISTRATION

(Provision under the Nursing Act 2011)
Please complete all sections of this form. Tick boxes where applicable.

R6

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

4.5 x 3.5
Glue recent valid ID photo

SECTION A (To be filled by applicant before sending the form to Supervisor/Director of Nursing)	
Full Name: <input type="text"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth: <u>DD/MM/YYYY</u>
Residential Address: <input type="text"/>	Workplace Address: <input type="text"/>
Contact: Work: <input type="text"/> Mobile: <input type="text"/> Email Address: <input type="text"/>	FNC Registration/License Number: <input type="text"/> License Expiry Date: <u>DD/MM/YYYY</u> Years of Service: <input type="text"/>
Applying for: Certificate of Good standing: - <input type="checkbox"/> Letter of standing: - <input type="checkbox"/> To Whom It May Concern: - <input type="checkbox"/>	Name of Authority which the document should be directed to: <input type="text"/> Email Address: <input type="text"/>
Signature: <input type="text"/>	Date: <u>DD/MM/YYYY</u>

SECTION B (To be filled by Supervisor/Director of Nursing and forward directly to FNC Office)	
Has any disciplinary action ever been taken against the applicant because of violations related to his/her practice/profession?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain: <input type="text"/> <input type="text"/>	
Signature: <input type="text"/>	Date: <u>DD/MM/YYYY</u>

SECTION C (To be filled by the Fiji Nursing Council Professional Conduct Committee)	
Has any disciplinary action ever been taken against the applicant because of violations related to his/her practice/profession?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain: <input type="text"/> <input type="text"/>	
Signature: <input type="text"/>	Date: <u>DD/MM/YYYY</u>



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SECTION D PAYMENT & FEE

Please make direct payments to the Fiji Nursing Council banking account. Add your details in the payer section and deposit the fee into the **FNC BSP Account # 8686863. BSP Swift Code: BOSPFJFJ.**

Description	Fee	(Tick applicable)
Application Fee (Resident)	\$48.00 FJD	<input type="checkbox"/>
Application Fee (Non-Resident)	\$96.00 FJD	<input type="checkbox"/>

SECTION E SUPPORTING DOCUMENTS

Please submit copies of the following documents with this application:

- Copy of Birth Certificate
- Copy of Registration Certificate
- A completed application form.
- Evidence of payment made.

SECTION F FIJI NURSING COUNCIL OFFICIAL USE

Receiving Officer Name: Receiving Officer Signature:

Date: DD/MM/YYYY

Payments Received: RR Amount (\$): Date: DD/MM/YYYY

Assessment Outcome (ref. Policy):

Document Issued

- Certificate of Good Standing
- Letter of Standing
- To Whom It May Concern

Issuing Officer's Name: Signature:

Date: DD/MM/YYYY

Completed Registration forms to be sent to:

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