



REGISTRATION - NEW STUDENT NURSES

R1

(Sections 19 & 31 Nursing Decree & Regulation 14)

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

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

Email: kelera.batibasaga@fnc.org.fj

Phone: (679) 9980595

4.5 x 3.5
Glue recent valid ID photo

1. PERSONAL DETAILS		2. PROGRAM OF STUDY	
First Name: []	Title: Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/>	Undergraduate [UG]: []	
Other Name (s): []		Name of Programme: []	
Surname (As on Birth/Marriage Certificate): []		Name of Institute: []	
Date of Birth: <u>DD/MM/YYYY</u>	Country of Citizen: []	Level of Study: Year 1 <input type="checkbox"/>	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Country of Birth: []		
Residential Address: []	FNC Registration Number: []		
Contact Mobile: [] Landline: [] Email: []			
3. Finance Details	4. Secondary/Tertiary/Professional Qualifications	5. Work Experience	6. Health Status (To be filled by HOD)
Private <input type="checkbox"/> Sponsor. <input type="checkbox"/> If sponsored, enter name of Sponsor: [] []	Secondary: [] Tertiary: [] Professional: [] Highest Secondary/Professional Qualifications: [] Title: [] Institute: [] Year: <u>DD/MM/YYYY</u>	Position: [] Organization: [] Year: <u>DD/MM/YYYY</u>	Medical Examination: Yes <input type="checkbox"/> No <input type="checkbox"/> Results: [] Name of Doctor: [] Place of Exam: [] Date: <u>DD/MM/YYYY</u>



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7. Character for fitness to practice (To be filled by HOS)	
8. Applicant's Declaration	
<p>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.</p> <p>Applicant's Signature: Witness – HOS: </p> <p>Date: <u>DD/MM/YYYY</u></p>	
9. 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"/>
Certified copy of Year 12 or Year 13 Qualification(s) <input type="checkbox"/>	Certified copy of Tertiary Qualification(s) <input type="checkbox"/>
Certified copy of Additional Qualification(s) <input type="checkbox"/>	<u>Non - Resident</u>
Acceptance Letter from University <input type="checkbox"/>	Copy of passport biodata <input type="checkbox"/>
Student Nurse Fee Invoice [\$16.00] <input type="checkbox"/>	Student Permit <input type="checkbox"/>
(<i>Bank Details: Bank of the South Pacific; Acc #: 8686863</i>)	Non Resident Fee [\$67.00] [BSP – ACCT #: 8686863] <input type="checkbox"/>
10. OFFICIAL USE ONLY	
New Registration	
Receiving Officer Name: 	Receiving Officer Signature:
Date: <u>DD/MM/YYYY</u>	
Comments:	
Complete <input type="checkbox"/>	Incomplete <input type="checkbox"/>
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
Payments Received: RR 	Amount (\$):
Date: <u>DD/MM/YYYY</u>	
Completed Registration forms to be sent to:	
Director Fiji Nursing Council, 1 High Street, Toorak SUVA.	