



CONTINUING STUDENT NURSE REGISTRATION

R1A

Website: <https://fnc.org.fj>
Email: 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: <input type="text"/>	Title: Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/>	Undergraduate [UG]: <input type="text"/>	Name of Programme: <input type="text"/>
Other Name(s): <input type="text"/>		Name of Institute: <input type="text"/>	
Surname (As on Birth/Marriage Certificate): <input type="text"/>		Level of Study: Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/>	
Date of Birth: <u>DD/MM/YYYY</u>	Country of Citizen: <input type="text"/>		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Country of Birth: <input type="text"/>		
Residential Address: <input type="text"/>	FNC Registration Number: <input type="text"/>	<u>Duration of Study</u> Start Date: <u>DD/MM/YYYY</u> End Date: <u>DD/MM/YYYY</u>	
Contact Mobile: <input type="text"/>			
Landline: <input type="text"/>			
Email: <input type="text"/>			
3. Finance Details		4. Health Status (To be filled by HOD)	
Private <input type="checkbox"/> Sponsor <input type="checkbox"/> If sponsored, enter name of Sponsor: <input type="text"/>		Medical Examination: Yes <input type="checkbox"/> No <input type="checkbox"/>	Results: <input type="text"/>
		Name of Doctor: <input type="text"/>	
		Place of Exam: <input type="text"/>	
		Date: <u>DD/MM/YYYY</u>	



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

6. 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

7. 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"/>
Acceptance Letter from Institution/University	<input type="checkbox"/>	Non Resident	<input type="checkbox"/>
Certified copy of Institution/University Result(s) from previous year	<input type="checkbox"/>	Copy of passport biodata	<input type="checkbox"/>
Certified copy of student APL	<input type="checkbox"/>	Student Permit	<input type="checkbox"/>
Fee Payment Receipt [Bank Details: Bank of the South Pacific - Acc #: 8686863]	<input type="checkbox"/>	Non Resident Fee [\$67.00] [BSP – Acc#: 8686863]	<input type="checkbox"/>

8. OFFICIAL USE ONLY

Type of Registration:

Undergraduate:

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.