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

First Name:

Other Name (s):

Surname (As on Birth/Marriage Certificate):

Title:

Mr. ☐
Miss ☐
Mrs. ☐

Date of Birth:
DD/MM/YYYY

Gender: Male ☐ Female ☐

Country of Citizen:

Country of Birth:

Residential Address:

FNC Registration Number:

Contact

Mobile:

Landline:

Email:

2. PROGRAM OF STUDY

Undergraduate [UG]:

Name of Programme:

Name of Institute:

Level of Study:

Year 1 ☐

3. Finance Details

Private ☐

Sponsor. ☐

If sponsored, enter name of Sponsor:

4. Secondary /Tertiary/Professional Qualifications

Secondary:

Tertiary:

Professional:

Highest Secondary/Professional Qualifications:

Title:

Institute:

Year:
DD/MM/YYYY

5. Work Experience

Position:

Organization:

Year:
DD/MM/YYYY

6. Health Status (To be filled by HOD)

Medical Examination:

Yes ☐ No ☐

Results:

Name of Doctor:

Place of Exam:

Date:
DD/MM/YYYY

R1

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

8. 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

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	☐	1 Recent Passport Sized Photo	☐
Certified copy of Year 13 Qualification(s)	☐	Certified copy of Tertiary Qualification(s)	☐
Certified copy of Additional Qualification(s)	☐	**Non - Resident**	
Acceptance Letter from University	☐	Copy of passport biodata	☐
Student Nurse Fee Invoice [**$16.00**]	☐	Student Permit	☐
(Bank Details: Bank of the South Pacific; Acc #: 8686863)		Non-Resident Fee [**$67.00**] [**BSP – ACCT #: 8686863**]	☐

Payments may be made ONLY via internet banking, M-PAiSA, MyCash or SOLE to FNC's BSP account, quoting your FNC number as reference. Print and attach the payment confirmation with your application submission.

10. OFFICIAL USE ONLY

New Registration

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.