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

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 2 ☐
Year 3 ☐
Year 4 ☐

Duration of Study

Start Date: *DD/MM/YYYY*

End Date: *DD/MM/YYYY*

3. Finance Details

Private ☐
Sponsor ☐

If sponsored, enter name of Sponsor:

4. Health Status (To be filled by HOD)

Medical Examination:
Yes ☐ No ☐

Results:

Name of Doctor:

Place of Exam:

Date:
DD/MM/YYYY

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Phone: *(679) 9980595*

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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	☐	1 Recent Passport Sized Photo	☐
Acceptance Letter from Institution/University	☐	**Non-Resident**	
Certified copy of Institution/University Result(s) from previous year	☐	Copy of passport biodata	☐
Certified copy of student APL	☐	Student Permit	☐
Online fee Payment Confirmation Receipt [**Bank Details: BSP - Acc #: 8686863]**	☐	Non-Resident Fee [**$67.00**] [**BSP – Acc#: 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.

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.