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

POSTGRADUATE STUDENT NURSE REGISTRATION

(Sections 19 & 31 Nursing Decree & Regulation 14)

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

R1B

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

Postgraduate [PG]:

Name of Programme:

Name of Institute:

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. Work Experience

Position:

Organization:

Year:

DD/MM/YYYY

5. Health Status (To be filled by HOD)

Medical Examination:

Yes ☐ No ☐

Results:

Name of Doctor:

Place of Exam:

Date:

DD/MM/YYYY

R1B

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

7. 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*

8. 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 Servan0t.

Residence Applicant			Non-Residence Applicant	
1 Recent Passport sized photo			1 Recent Passport sized photo	
Acceptance letter from Institution			Acceptance letter from Institution	
Supporting letter from employer			Supporting letter from employer	
Certified copy of current APL			Certified copy of passport Bio-data	
Certified copy of registration certificate			Certified copy of registration certificate	
Online fee Payment Confirmation Receipt ($16.00 FJD)			Online fee Payment Confirmation Receipt ($67.00 FJD)	

[**Bank Detail: Bank of the South Pacific – 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.

9. OFFICIAL USE ONLY

Type of Registration:

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.