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

APPLICATION FOR NEW NURSE REGISTRATION

(Under Nursing Decree 41 of 2011)

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

R3

4.5 x 3.5
Glue recent valid ID photo

1. PERSONAL INFORMATION

First Name:
Other Name(s):
Last Name:

New FNC Registration Number:
Employment Number:

Date of Birth:
DD/MM/YYYY

Gender:
Male ☐ Female ☐

Country of Citizenship:
Country of Birth:

Residential Address:

Postal Address:

Employer Details:
Employer Name:
Employer Address:
Phone Contact: Department/Ward:

Name of next of kin: Relationship:
Address of next of kin:
Mobile Contact: Landline Contact:
Language:

2. NURSING REGISTRATION HELD IN FIJI AND ELSEWHERE

Date of entry	Registering Authority	Name of Nation/State	Valid Until	General / Specialist
DD/MM/YYYY			DD/MM/YYYY	

3. REGISTRATION DETAILS

Category(s) of Registration sought:

Internship ☐ General Registration ☐ Vocational ☐

Vocational registration in the field of

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4. PRIMARY NURSING QUALIFICATION	
Qualification gained:	
Institution:	
Country:	
Year & length of program:	
Clinical instruction received:	
Language of instruction of course:	

5. INTERNSHIP TRAINING COMPLETED AS FOLLOWS

Clinical Discipline	Institution & location Name of hospital & city	Duration (In Months)	Month/Year Completed
General Medical & Surgical Nursing			
Psychiatry Nursing			
Obstetrics & Gynecology			
Public Health			
Other			

6. SUMMARY RECORD OF NURSING PRACTICE (FROM INITIAL QUALIFICATION UNTIL THE PRESENT

Any period of unemployment or temporary retirement from practice greater than one month should be documented and reasons for same indicated. Attach additional sheets if necessary. Please do not simply write "See C.V."

	From: *MM/YYYY*	Until: *MM/YYYY*	Post:	Location (Name of hospital)	Clinical area of practice
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

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7. DECLARATION BY APPLICANT

- I undertake to display my annual practicing license card in the public area of my practice and ensure that patients are aware of the status and conditions.
- I undertake to comply with all relevant legislation and Council guidelines, regulations, codes & standards.
- I undertake to provide the Council police clearance reports from all jurisdictions should the Council seek such documents.
- I undertake to provide the Council medical reports should the Council seek such documents.
- I undertake to inform the Council within 30 days should any of the details change stated in this form.
- I undertake to cooperate with the Council in all matters including complaints and disciplinary.
- I consent to the Registrar divulging relevant practice details as it sees fit.
- I consent to the Registrar verifying any information provided by me in this form.
- I declare that I am fit for practice in the vocation I am applying for.
- I make this declaration in the knowledge that a false statement may amount to perjury and revoke my practice certificate.
- I solemnly declare to the best of my knowledge that all information provided are true and correct.
- I undertake to uphold the nursing profession in high esteem.

Signature: Date: *DD/MM/YYYY*

8. SUPPORTING DOCUMENTS

Please submit copies of the following documents with this application:

1 Recent Passport Sized Photo	☐
Certified copy of Birth Certificate	☐
Certified copy of Basic or Undergraduate Nursing qualification(s)	☐
Certified copy of Postgraduate qualification.	☐
Certified copy of Registration Examination result(s)	☐
Online fee Payment Confirmation Receipt [Resident: $48.00]	☐

False/Fraudulent claims: In the event of any applicant submitting false or incomplete information, and/or copies of certificates, which are found to be false, the Nursing Registration authority of the applicant's citizenship will be notified. The application for registration in Fiji will not be granted; or provisional registration, if already given, will not be confirmed, and may be cancelled. Council may require further information before such decision is made.

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9. PAYMENTS

Please make any cheques payable to the Registrar of the Fiji Nursing Council. You can make an online payment by **adding your FNC details in the payer section** and deposit the fee in our BSP Account (**AC #: 8686863, BSP Swift Code: BOSPFJFJ**).

Description	**Rate (FJD$) - VIP**
Application fee registration – resident	$48.00 FJD
Application fee registration – nonresident	$120.00 FJD

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

Receiving Officer Name: Receiving Officer Signature:

Date received: DD/MM/YYYY

Receipt Number:

Comments:

Complete ☐ Incomplete ☐

Approved ☐ Not Approved ☐

Payment Received: RR Amount ($): Date: DD/MM/YYYY

All applications should be addressed to the:

Director
Fiji Nursing Council,
1 High Street,
Toorak SUVA.