REGISTRATION - CONDITIONAL LICENSE - NURSING INTERN

R4D

(Under Nursing Decree 41 of 2011)

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

4.5 x 3.5
Glue recent valid ID photo

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

1. PERSONAL INFORMATION

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

Title: Mr. ☐ Miss. ☐ Mrs. ☐

FNC 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

R4D

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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 (FOR THE PREVIOUS 5 YEARS)

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					

Signature of applicant:_____ Date: *DD/MM/YYYY*

7. 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	$80.00 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.

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R4D

8. SUPPORTING DOCUMENTS

Please submit copies of the following documents with this application:

Certified copy of Bachelor of Nursing Certificate	☐
1 Recent Passport Sized Photo	☐
Certified copy of Registration Examination result(s)	☐
Confirmation letter for successful completion of Internship program	☐
Online fee payment confirmation receipt of $48.00 FJD	☐

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.

9. OFFICIAL USE ONLY

Receiving Officer Name: Receiving Officer Signature:

Date received: *DD/MM/YYYY*

Receipt Number:

Comments:

Complete ☐ Incomplete ☐

Approved ☐ Not Approved ☐

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

Date Issued: *DD/MM/YYYY*

All applications should be addressed to the:

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