APPLICATION TO SIT QUALIFYING FNC REGISTRATION EXAMINATION R2

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

Nursing Decree No. 41, (Part 4, Division 3, Section 26)
Please complete all sections of this form. Tick boxes where applicable

1. PERSONAL DETAILS

First Name:

Last Name:

Date of Birth: *DD/MM/YYYY*

Residential Address:

Email Address:

2. DECLARATIONS

I, hereby apply to sit the **Qualifying Registration Examination** of the **Fiji Nursing Council** to be held on the *DDDD* day of *MMMMMMMMMM*, 20*YYYY*.

I have completed years and months training at

(Name of training school)

I, forward, herewith the Assessments Results on Competencies Achieved and Log Book to confirm completion of Clinical hours required as per **Nursing Decree No. 41, Part 4, Division 3, Section 26 of the Fiji Nursing Council, 2011**.

Signature of Applicant:

Signature of Principal:

Date: *DD/MM/YYYY*

R2

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

3. SUPPORTING DOCUMENTS

Please submit copies of the following documents with this application:

i)	Graduation Certificate		☐
ii)	Letter from Institution of completion of study		☐
iii)	Undergraduate Payment Receipt $24.00	***(BSP Bank Account Number: 8686863)***	☐
iv)	Postgraduate Payment Receipt $80.00	***(BSP Bank Account Number: 8686863)***	☐
v)	Postgrad (Non-resident) Payment Receipt $160.00	***(BSP Bank Account Number: 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.

4. OFFICIAL USE ONLY

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.