Website: https://fnc.org.fj
Email: seresaini.balekana@fnc.org.fj
Email: silina.waqa@fnc.org.fj
Phone: (679) 9387047 / 9929624

CERTIFICATE OF GOOD STANDING

(Provision under the Nursing Act 2011)

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

R6

4.5 x 3.5
Glue recent valid ID photo

SECTION A *(To be filled by applicant before sending the form to Supervisor/Director of Nursing)*

Full Name:	Gender: Male ☐ Female ☐ Date of Birth: DD/MM/YYYY
Residential Address:	Workplace Address:
Contact: Work: Mobile: Email Address:	FNC Registration/License Number: License Expiry Date: DD/MM/YYYY Years of Service:
Applying for: Certificate of Good standing: - ☐ Letter of standing: - ☐ To Whom It May Concern: - ☐	Name of Authority which the document should be directed to: Email Address:
Signature:	Date: DD/MM/YYYY

SECTION B *(To be filled by Supervisor/Director of Nursing and forward directly to FNC Office)*

Has any disciplinary action ever been taken against the applicant because of violations related to his/her practice/profession?	Yes ☐ No ☐
If yes, please explain:	
Signature:	Date: DD/MM/YYYY

SECTION C *(To be filled by the Fiji Nursing Council Professional Conduct Committee)*

Has any disciplinary action ever been taken against the applicant because of violations related to his/her practice/profession?	Yes ☐ No ☐
If yes, please explain:	
Signature:	Date: DD/MM/YYYY

R6

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SECTION D PAYMENT & FEE

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	Fee	*(Tick applicable)*
Application Fee *(Resident)*	$48.00 FJD	☐
Application Fee *(Non-Resident)*	$96.00 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.

SECTION E SUPPORTING DOCUMENTS

Please submit copies of the following documents with this application:

- Copy of Birth Certificate ☐
- Copy of Registration Certificate ☐
- A completed application form ☐
- Online fee payment confirmation receipt ☐

SECTION F FIJI NURSING COUNCIL OFFICIAL USE

Receiving Officer Name: Receiving Officer Signature:

Date: DD/MM/YYYY

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

Assessment Outcome (ref. Policy):

Document Issued

- Certificate of Good Standing ☐
- Letter of Standing ☐
- To Whom It May Concern ☐

Issuing Officer's Name: Signature:

Date: DD/MM/YYYY

Completed Registration forms to be sent to:

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