



NURSING COUNCIL OF MAURITIUS

APPLICATION FOR REGISTRATION

TITLE: Mr/Mrs/Miss

SURNAME:

First Name:

Maiden Name:

Date of Birth: Sex:

Nationality:

Mauritian

NIC:

Foreigner

Country of Origin:

Naturalization

Passport number:

Address:

Residential:

Tel No: Mobile: Email:

Place of Work:

Tel No:

Date of Enrollment as Student Nurse:

Date Passed Final Nursing Examination:

Date of first appointment as nurse: In Mauritius:

Foreign Country:

Details of Academic Qualifications:

| Qualification | Institutions | Year |
|---------------|--------------|------|
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| | | |

Details of Professional Qualifications:

| Qualification | Institutions | Year |
|---------------|--------------|------|
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| | | |

Registration Body:.....

In which capacity are you employed:.....

Place of Work:..... **Field of Practice**.....

Type of registration applied for

Work permit issued: (Wherever applicable) (Yes/No):.....

Documents annexed:

Birth certificate Marriage certificate Morality Cert.

Identity card 2 Passport size photo Letter of Conduct

Academic Qual. Professional Qual. Transcript of Training

Employment:

Govt Service Private sector Self-employed Private Practitioner Other

(i) **Name and address of employer:**.....

.....

(ii) Whether permanent/Temporary/Part-time/ Self employed/ on contract:

If on contract for how long?.....

DECLARATION BY APPLICANT

I.....declare

(i) That all the particulars given above are to my best knowledge and belief true and accurate.

(ii) That I am of good character and have not been convicted of any crime involving fraud or other dishonesty.

(iii) That I am not under suspension under the laws of any country for or on account of any infamous conduct or any professional incompetence or malpractice.

(iv) That I have not been struck off the list of persons entitled to practice nursing /midwifery in any country.

(v) That I am not incapacitated by reason of any physical or mental health.

(vi) That I agree to pay the prescribed registration fee(s) as per the Nursing council Act in force.

(vii) That I will comply with the Regulation and Professional code of practice regulated by the Nursing Council Act of Mauritius in force.

DATE:.....

Signature:.....