RECEIPT	NUMBER
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THE NURSING COUNCIL

NURSES AND HIDWIYER ACT 1864

APPLICATION BY PERSONS TRAINED OUTSIDE JAMAICA FOR ADMISSION TO THE GENERAL/MENTAL REGISTER

TO:	The Nursing Council.	
1.	full Name: I, (OTHER) (CHRISTIAN) (OTHER)	
	State here whether single or narried, or widow, if married or widow, give maiden name and furnish certificate of narriege	
3.	Date of birth	
5.	Nationality	
6.	Present Postal Address	
7.	Permanent postal Address	
8.	Name of Training School	
9.	Address of Training School.	
10.	Period of training fromto	
	(Please give exact dates)	
	nerchy request the Council to enter my name upon the part of the Register for General/ Mental nurses maintained by the Council.	
	I forward herewith the fee of S and I promise in the event of my being so registered, and in consideration thereof, to be bound by, and to conform in all respects to, the Regulations for the time being in force.	
	forward herewith my Certificate of Registration to the Register of	
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Signature of applicant		
	Signature of witness	
	Address of witness	
	Date	
	If the application is not accepted the fee of \$ will be returned to the applicant.	
	Form to be returned to THE REGISTRAR,	
The Nursing Council,		
	25 Dominica Drive, Kingston 5	
	FOR OFFICE USE ONLY	
	1.	