

FIJI NURSING COUNCIL



APPLICATION FOR REGISTRATION / LICENSING

Under Nursing Decree 41 of 2011

This form should be downloaded. Fill in the blanks on the computer. Then print and sign where appropriate. Additional details should be added on separate paper. Forms should be emailed to

1. Personal Information	
Surname: First Name: Other Names:	Preferred Title: Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
Date of Birth: Sex: / / Male <input type="checkbox"/> Female <input type="checkbox"/>	Country of Citizenship: Country of Birth:
Residential Address:	Postal Address:
Telephone – Home: Work: Fax: Work: Mobile: Email:	
Passport no: Driving License No: EDP No. (if Civil Servant):	
Language Spoken:	
Next of kin: Relationship: Address: Telephone/Mobile:	

2. Nursing Registration held in Fiji and elsewhere:

Date of entry	Registering Authority	Name of Nation/ State	Valid until	General/ Specialist

3. Registration details:

Dates: From.../.../.... Until .../.../.... (Relevant to specific projects, duration less than 3 months)

Reason for seeking registration: (Give name of sponsoring agency, place of practice, details of project / or any other reason)

4. Primary NURSING Qualification:

Qualification Gained

Institute:

Country:

Year & Length of program:

Clinical instruction received at:

Language of instruction of course:

5. Internship Training Completed as follows			
Clinical Discipline	Institution, Place Give name of hospital & city	Duration in months	Month/Year completed
General Medical & Surgical Nursing			
Psychiatry Nursing			
Obstetrics & Gynecology			
Public Health			
Other			

6. Postgraduate Degrees / Certifications:

Date (year/month)	Degree / diploma	Full name and location of conferring authority

7. Other degrees & qualifications (in any field) :

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8. Disciplinary Enquiries and Charges (concluded & pending) :

Date	Country	Details & Outcome

9. Current location and sphere of nursing practice :

Including hospital / academic appointments: Give full name and address of employing authority; or, if relevant name partners in private, or state "Solo Practice"

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10. Summary Record of Nursing Practice (From initial qualification until the present):

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: Month/Year	Until: Month/Year	Post:	Location: Name of hospital	Clinical area of practice
1.					
2.					

3					
4					
5.					
6.					
7.					
8.					
9.					

11 Medical / Fitness for Practice :

Have you previously suffered or currently suffer from an injury or illness which may place you or your patients at an increased risk or harm? Yes/No:

Do you have any medical condition which may place you or your patients at an increased risk or harm? Yes/No

If Yes, please detail conditions (include date of injury/ illness). Also provide details of your Hepatitis B immunization.

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12 Continuing Professional Development

List all CPD activities in the previous 12 months

Date	Activity	Hours

13. Professional Indemnity :

Do you have professional indemnity cover insurance that will applicable whilst you practice in Fiji? Yes/No:

If yes, please provide the details and evidence.

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Are you currently facing any criminal or traffic charges? Yes/No:

If yes, please provide details

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15 Declaration by Applicant :

- I undertake to display my temporary practicing certificate in the public area of my practice and ensure that patients are aware of the status and conditions.
- I undertake to comply with all relevant legislation and Council guidelines, regulations, codes & standards;

- I undertake to provide the Council police clearance reports from all jurisdictions should the Council seek such document;
- I undertake to provide the Council medical reports should the Council seek such document;
- I undertake to cooperate with the Council in all matters including complaints and disciplinary;
- I consent to the Secretariat divulging relevant practice details as it sees fit.
- I consent to the Secretariat verifying any information provided by me in this form;
- I declare that I am fit for practice in the vocation I am applying for;
- I make this declaration in the knowledge that a false statement may amount to perjury and revoke my practicing certificate;
- I solemnly declare to the best of my knowledge that all information provided are true & correct;
- I undertake to uphold the Nursing profession in high esteem.

Signed: Date: / /20
 IF FORM IS SENT ELECTRONICALLY; PLACING YOUR NAME BELOW CONSTITUTES TO ELECTRONIC SIGNATURE.....

Name: Place:

Warning: False / Fraudulent claims: In the event of any applicant submitting false or incomplete data, 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 be unsuccessful; or provisional registration, if already given, will not be confirmed, and may be cancelled.

- Note 1: The Fiji Nurses Council will determine your eligibility for registration.
 If you are found to be eligible, your registration will be confirmed when you present original documents to the Registrar Fiji Nursing Council for inspection and verification of the copies you have submitted.
- Note 2: It is normal practice for nurses coming from outside Fiji on first appointment to be granted conditional registration for a period of 6 months which will be confirmed subject to satisfactory performance.
- Note 3: Applications for Temporary Registration for visits by nurses for specific projects must be accompanied by letters of recommendation from the Fiji Nursing Council who is responsible for the project.
- Note 4: Applicants that's already registered just only need to apply for licensing. for the new graduates one need to apply for registration and licensing

Supporting Documents Required:

Please submit copies of the following documents with this application:

1. Certified copy of Basic Nursing qualification.
2. Certified copy of postgraduate qualifications.
3. Insert a digital passport style colour photograph on the front page which must be not more than one month old.
4. Certificate of good standing from the Nursing Council authority of your current / most recent place of Nursing practice, dated not more than 3 months before the date of this application (ONLY FOR OVERSEAS APPLICANTS).
5. Certified copy of driving license if any. (optional)
6. Certified copy of passport. (overseas applicant)
7. Evidence of Professional Indemnity
8. Evidence of Continuous Professional Development.

16. Payment

A fee schedule can be viewed on our website.
PREFERRED METHOD OF PAYMENT – BY CASH

17 Fee Schedule:

Description	Rate (FJS)- VIP
Licensing Fee	\$50-00
Registration Fee	\$30-00
Temporary Registration-visiting nurses from overseas Fee	\$70-00
Overseas Registration Fee	\$100-00
Student Regional Status e.g. Midwife	\$45-00

- For Official Use Only:
- Date received
 - Receipt Number
 - Approved or Not Approved
- All applications should be addressed to the Registrar, Fiji NURSING COUNCIL