

REPUBLIC OF ZAMBIA



GENERAL NURSING COUNCIL OF ZAMBIA (The Nurses and Midwives Act. No. 31, 1997)



Application Form for Registration

Please Complete in BLOCK LETTERS

Photo
Supply 2 recent
photographs

Section 1

No.	Personal Information	Please Complete
1.1	Surname	
1.2	Forename	
1.3	Other Names	
1.4	Nationality	
1.5	NRC Number	
1.6	Passport No. (Non Zambian)	
1.7	Date of Birth	
1.8	Sex	
1.9	Postal Address	
1.10	Permanent Place of Residence (Province and District)	
1.11	Mobile No.	
1.12	E-mail	
1.13	Marital Status	
1.14	Next of Kin	
1.15	Next of Kin Phone No.	

SECONDARY SCHOOL INFORMATION:

Name of School/District/Province	Examination Authority	Certificate	Year Completed

PROFESSIONAL QUAIFICATIONS

Name of College University /District/Province	Cert/Dip/Degree	Period (date/Month/Year)	
		From	To

ADDITIONAL SHORT COURSES (CPD)

CPD PROVIDER	TYPE/NAME OF COURSE	Period (Date/Month/Year)	
		From	To

Section 2

No.	Application for Registration as:	Trained in Zambia	Trained Outside Zambia
2.1	Registered Nurse		
2.2	Registered Midwife		
2.3	Registered Nurse Midwife		
2.4	Enrolled Nurse		
2.5	Certified Midwife		
2.6	Enrolled Midwife		
2.7	Registered Mental Health Nurse		
2.8	Operating Theatre Nurse		
2.9	Enrolled Psychiatric Nurse		
2.10	Paediatric Nurse		
2.11	Nurse Tutor		
2.12	Midwifery Tutor		
2.13	Registered Ophthalmic Nurse		
2.14	Enrolled Ophthalmic Nurse		
2.15	ICU Nurse/Critical Care Nurse		
2.16	Specialist Nurse- Masters/PhD (Specify Area of Specialization)		
2.17	BScN (Specify Major)		
2.18	Occupational Health Nurse		
2.19	Public Health Nurse		
2.20	HIV Nurse Practitioner		
2.21	Clinical Instructor		
2.22	Oncology Nurse		
2.23	Registered Anaesthetist Nurse		
2.24	Enrolled Anaesthetist Nurse		
2.25	Occupational Health Nurse		
2.26	Nephrology Nurse		
2.27	Others; specify		

Please inform the Registrar, General Nursing Council of any change of address

Section 3

EMPLOYEMENT STATUS (For Qualified Nurses & Midwives only)

3.1	Employment Status:	(a) Employed	(b) Unemployed	(c)Retired
3.2	Are you working in Zambia			Yes/No
3.3	Are you Currently working as a Nurse			Yes/No
3.4	Self Employed			Yes/No

If Working

3.6	Position/Designation	
3.7	Name of Employer (Organization or Institution)	
3.8	Work Station	
3.9	District/Province	
3.10	P O Box/PB	
3.11	Tel	
3.12	Fax	
3.13	E-mail	
Category of Employment		Tick
3.14	Government	
3.15	Mission	
3.16	Private	
3.17	Defence	
	Work Experience	Tick
3.18	Operating Theatre	
3.19	Accidents and Emergency	
3.20	Other Hospital Work (specify)	
3.21	Community Health/Health Centre	
3.22	Private Practice	
3.23	Nursing-Midwifery Education	
3.24	Nursing Management	
3.25	Other Nursing Position (specify)	
3.26	Other (non-nursing) Employment (specify)	

	Areas where you have worked	Tick
3.27	Health Centre	
3.28	District Hospital	
3.29	Provincial Hospital	
3.30	Central Hospital	
3.31	University Teaching Hospital	
3.32	Psychiatric Hospital	
3.33	Private Hospital	
3.34	Private Clinic	
3.35	Nursing Home	
3.36	Nursing Agency	
3.37	Mission Hospital	
3.38	Self Employed Nurse	
3.39	NGO (specify)	
3.40	International Agencies/Organizations (specify)	
3.41	Education Institution	
3.42	Government Ministry (specify)	
3.43	Other non-listed (please specify)	

Section 4

	Tick the documents submitted to support your application	
4.1	NRC (certified)	
4.2	Passport (certified)	
4.3	Registration Certificate(s) including from other recognized Nursing Council (certified)	
4.4	Transcript and CV for applicants trained outside Zambia	
4.5	Certificates from training institutions	
4.6	Grade 12 Certificates (certified)	
4.7	2 passport size photos (natural hairs, formal dressing & no jewelry) with name on back	
4.8	Certified copies of Professional Certificate(s)	
4.9	Certified copies of Marriage Certificate	
4.10	Others	

***The Original documents must be presented to the Registrar* DECLARATION**

IHereby apply for registration on the forenamed register by the General Nursing Council of Zambia in accordance with the provisions of the Nurses and Midwives Act No. 31 of 1997, and declare that to the best knowledge, this is a true statement and that:-

- (a) I have never been debarred from practicing my profession on grounds of professional misconduct; and
- (b) My name has never been removed from any register of member of my professional kept in accordance with the laws of any country or state in which I have practiced my professional; and
- (c) No inquiry is pending which may result in the action being taken, which is referred to sub paragraph (a) or (b)

And I make this solemn declaration, conscientiously believing the same to be true.

Signed.....

Date:.....

Please return the form including Registration fees to:

**The Registrar General Nursing Council of Zambia P O Box 33521 LUSAKA Tel: +260 211 221284
Fax: +260 211 224893**

FOR OFFICE USE ONLY

Section 5

	Tick the documents submitted to support your application	
5.1	NRC No. (certified)	
5.2	Passport No.(certified)	

5.3	Registration Certificate(s) including from other recognized Nursing Council (certified)	
5.4	Transcript and CV for applicants trained outside Zambia	
5.5	Certificates from training institutions	
5.6	Grade 12 Certificates (certified)	
5.7	2 passport size photos (natural hairs, formal dressing & no jewelry) with name on back	
5.8	Certified copies of Professional Certificate(s)	
5.9	Certified copies of Marriage Certificate	
5.10	Others	

SECTION 6

1. Prescribed Registration fees
2. Date Registration approved
3. Date Registration refused