



NURSES AND MIDWIVES COUNCIL GUYANA

NURSES AND MIDWIVES ACT (Act No. 7 of 2022)

FORM 2

APPLICATION FOR FULL REGISTRATION (LOCAL)

All applicants must complete this form and submit it with the appropriate non-refundable fee directly to the office of the Nurses and Midwives Council situated at lot 10 Fort Street Kingston, Georgetown, Guyana. You must answer all questions in ink (pen) and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review.

1. Personal Information

Surname:		Preferred Title	
First Name:		Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/>	
Other Names:			
Date of Birth:	Gender:	Country of Citizenship:	
...../...../.....	Male <input type="checkbox"/> Female <input type="checkbox"/>	Country of Birth:	
Home Address:			
.....			
Identification No.:		Passport No.:	
Telephone No.:		Email Address:	
Next of Kin:		Relationship:	
Address:			
Telephone No.:			

2. Full Registration:

Category(s) of Full Registration sought:	
Nurse <input type="checkbox"/>	Midwife <input type="checkbox"/> Nursing Assistant <input type="checkbox"/>
Others:	
Have you ever applied for Full Registration before:	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details as to why this application was refused:	
.....	

3. Qualification/s (in the related field of application)

Year Graduated	Degree/ Diploma/ Certificates	Educational Institution and local

4. Qualification/s (in any other field)

5. Background/ character Information

Have you ever been the subject of an inquiry or an investigation by your licensing authority involving an allegation of professional misconduct, malpractice, incompetence, incapacity or any like allegations?
Yes No
If yes, please provide details:
.....

6. Medical/ Fitness to Practice:

Have you previously suffered or currently suffer from an injury or illness which may place you or your patient/s at an increased risk of harm?
Yes No
If yes, please provide details:
.....

7. Declaration by the Applicant

- a. I undertake to comply with all relevant legislation and Council guidelines, regulations code and standards;
- b. I undertake to provide the council with police clearance reports from all jurisdiction should the council seek such document;
- c. I undertake to provide the council with medical reports should the council seek such Documents;
- d. I undertake to cooperate with the council in all matters including complaints and disciplinary actions;
- e. I consent to the registration verifying any information provided by me in this form;
- f. I declare that I am fit to practice in the vocation I am applying for;
- g. I make this declaration in the knowledge that false statement may amount to perjury and revoke my practice certificate.
- h. I solemnly declare that to the best of my knowledge all information provided are true and correct; and

Name: Date:

Signature:

Documents Required

- 1. Certified copy of Identification Card/ Passport;
- 2. Certified copy of Birth Certificate;
- 3. Two certified identical passport sized photographs (approx. 35mm x 45mm); and
- 4. Certified copy of post graduate qualifications