



# NURSES AND MIDWIVES COUNCIL, GUYANA

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

## FORM 1

### APPLICATION FOR TEMPORARY REGISTRATION

All applicants for Temporary Registration must complete this form and submit it 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:..... First Name:..... Other Names:.....	Preferred Title: Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/>
Date of Birth:                      Gender: ..... /..... /.....      Male <input type="checkbox"/> Female <input type="checkbox"/>	Country of Citizenship:..... Country of Birth:.....
Foreign Address:..... ..... ..... Address in Guyana:..... .....	
Passport No.: ..... Identification Card No.:..... Telephone No.:..... Email Address:.....	
Next of Kin: .....                      Relationship:..... Address:..... Telephone No.:.....	

## 2. Temporary Registration:

Foreign Nursing Certificate of Registration No.: .....

Date of Registration: ..... Expiry Date of Licence:.....

Category(s) of Temporary Registration sought:

Nurse  Midwife  Nursing Assistant

Other: .....

Proposed period of stay in Guyana:

From: ..... To: .....

*Note: Temporary Registration shall entitle the holder to practice general nursing for a period not exceeding SIX months.*

Project/Company or hospital of attachment: .....

Nature and character of work to be performed: .....

.....

Supervisor assigned to the Applicant:

*Note: Supervisor assigned must hold a valid licence to practice nursing in Guyana*

Signature of Supervisor:

Name .....

.....

Hospital: .....

Contact No.: .....

## 3. English language Criteria

Are you from a country in which the English language is an official language?

Yes  No

If no, please provide proof of your ability to read, write, speak and understand the English language.

*Note: Proof can be in the form of a recent English test result that is not older than six (6) months.*

*If no proof, you may be required to conduct an English examination as per the Council's instructions.*

## 4. Summary Record of Nursing Practice:

From: (year/month)	Until: (year/ month)	Name and Location of Hospital	Clinical area of practice

**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, legislation, codes and standards;
- b. I undertake to provide the Council with police clearance reports from all jurisdictions 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 Registrar 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
- i. I undertake to uphold the nursing profession in high esteem.

Name: ..... Date: .....

Signature: .....

**Documents required:**

1. Certified Copy of Passport;
2. Certified copy of birth certificate;
3. Notarized copy of Foreign nursing or midwifery licence with expiry dates;
4. Two certified identical passport sized photographs (approx. 35mm x 45mm);
5. Two (2) current professional reference letters (preferably from your nursing and/or midwifery supervisors with whom you have worked or are working; and
6. Copy of English language test result, if applicable.