

NURSES COUNCIL OF ZIMBABWE

16 Dale Road
Marlborough
Harare
Telephone: 300169, 309436
Email: ncz@zol.co.zw

P O Box A830
Avondale
Harare

APPLICATION FORM FOR A VERIFICATION OR CERTIFICATE OF GOOD STANDING

1.	SURNAME					
2.	FIRST NAME (S)					
3.	MAIDEN NAME					
4.	DATE OF BIRTH					
5 a	RESIDENTIAL ADDRESS					
b	ID NUMBER					
c	POSTAL ADDRESS					
d	TELEPHONE / FAX					
e	MOBILE NUMBER					
f	E-MAIL ADDRESS					
6	REGISTRATION NUMBER					
7	QUALIFICATIONS	INSTITUTION	DATE COMMENCED (DD/MM/YYYY)	DATE COMPLETED (DD/MM/YYYY)	DATE OF GRADUATION (DD/MM/YYYY)	DATE(s) of REGISTRATION (DD/MM/YYYY)
8.	PRESENT EMPLOYER (Address and Telephone Number.)					
9.	POSITION HELD					
10	CGS/VERIFICATION to be POSTED to:(Address)					

NB: 1. Certificate of Good Standing or Verification is POSTED DIRECTLY from one Registering Board to Another.

- 2. Application form to be accompanied by certified copies of the following documents:**
 - a) Current Practising Certificate**
 - b) Diploma/ Degree and Registration Certificates of Qualifications registered with Nurses Council of Zimbabwe**
 - c) Evidence of request from the requesting board.**
- 3. Council does not accept inadequate and incomplete documents**
- 4. Submit proof of payment of the prescribed non- refundable processing fee**
- 5. Action pack from courier of choice (if you require urgent posting).**