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P. O. Box A 830
AVONDALE
Harare, Zimbabwe

SERIAL NO.

CLEARANCE FORM FOR CERTIFICATE OF GOOD STANDING

First Name (s)Surname

Registration Number

Qualification (s)

(1) Date Awarded

(2)Date Awarded.....

(3) Date Awarded

1. Name of Employer/Organisation in the last Three (3) years.

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.....

Address:.....
.....

Province.....

Contact Person Email address

Cell No.: Tel No.

2. Employment Position

3. If not currently employed, last employers and dates.

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4. Have you been granted permission by your employer to go for an approved post graduate training. Yes No

5. Specify the Post Basic Training and duration

Name of College: Country:

6. Have you ever been on Manpower Development Leave? Yes No

7. If yes to question (6) have you completed the bonding period? Yes No

8. Have you ever in the last 5 years participated in a strike? Yes No

9. If yes, to question (8) how many times did you participate in a strike and for how long?

Number of times :

From: To:

From: To:

From: To:

10. Do you have any criminal record? Yes No

11. If yes to question (10), what were the charges and verdict?
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12. Do you have a pending criminal case? Yes No

13. If yes, to question (12) what are the allegations?
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21. If you are out of the country, request for a Certificate of Good Standing (CGS) from that country you are currently practising in and CGS should be sent directly to the Registrar Nurses Council of Zimbabwe.

22. Two references in good standing/status, from two (2) Nurse Managers whom you have worked with.

Name:

Address:

Contact Details: Cell:..... Email:

Name

Address:

Contact Details: Cell: Email:

23. Declaration

If any cases subsequently come to the attention of the Council after I am issued with a certificate of good standing/status, then I authorize Council to transmit the said information to the registering board in the country which I shall be practising.

Signature **Date.....**

Instructions to the Applicant

1. The clearance form and the verification form must be completed in full and accurately by the applicant.
2. Submit the completed form to Nurses Council of Zimbabwe.
3. The form will be sent to your Supervisor for **STATUS OF CONDUCT**.
4. The Supervisor will send the completed form back to Nurses Council of Zimbabwe for onward transmission to the Ministry of Health and Child Care for final clearance.
5. Ministry of Health and Child Care will submit the cleared form to Nurses Council of Zimbabwe for processing of Certificate of Good Standing if successfully cleared.

NB. The clearance process is expected to take 1-2 weeks.