

NURSES COUNCIL OF ZIMBABWE

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Marlborough
Harare
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P O Box A830
Avondale
Harare

APPLICATION FOR PROVISIONAL REGISTRATION

NAME _____

ADDRESS: _____

PROVISIONAL REGISTRATION AS: _____

FILE CONTENT

COMMENTS

- | | |
|---|--|
| 1. Yes/No/NA | PRIMARY QUALIFICATION |
| 2. Yes/No/NA | CERTIFICATE OF GOOD STANDING |
| 3. Yes/No/NA | CERTIFICATE OF REGISTRATION |
| 4. Yes/No/NA | CERTIFIED COPIES OF DEGREES, DIPLOMAS,
CERTIFICATES |
| 5. Yes/No/NA | CERTIFICATES OF COMPLETION OF INTERNSHIP
(WHERE APPROPRIATE) |
| 6. Yes/No/NA | CERTIFICATE OF KNOWLEDGE OF ENGLISH
/AFFIRMATION |
| 7. Yes/No/NA | TWO TESTIMONIALS FROM PROFESSIONAL
NURSE COLLEAGUES |
| 8. Yes/No/NA
Yes/No/NA
Yes/No/NA
Yes/No/NA | FULL TRANSCRIPT OF TRAINING NURSE
MIDWIVES
PSYCHIATRY
OTHER |
| 9. Yes/No/NA | RECORD OF STUDENT PRACTICAL TRAINING-MIDWIVES |
| 10. Yes/No/NA | TWO RECENT PASSPORT SIZEN PHOTOGRAPHS |
| 11. Yes/No/NA | SOLEMN DECLARATION |
| 12. Yes/No/NA | COMPREHENSIVE CURRICULUM VITAE |
| 13. Yes/No/NA | ANY OTHER SUPPORTING DOCUMENTS (DETAIL) |

REGISTRATION COMMITTEE DECISION _____

APPLICATION FOR PROVISIONAL REGISTRATION

Incomplete applications will be subject to delay in processing

DOCUMENTS WHICH MUST BE SUBMITTED WITH THIS FORM

1. Certificate of Good Standing Issued by the appropriate registering authority where you are currently practising (Issued within the last three months) sent directly to the Nurses Council of Zimbabwe
2. Certified copies of Degrees, Diplomas, and Certificates.
3. Certificate of completion of Internship (where appropriate).
4. Certificate of knowledge of English/Affirmation (attached)
5. Two recent testimonials from professional colleagues (related to the last six months)
6. Transcript of training – nurses and midwives (attached).
7. Record of student practical training – midwives
8. Two certified recent passport size photographs.
9. Any other supporting documents.
10. Proof of payment of the prescribed non- refundable processing fee must accompany this application.

RECEIVED (amount) _____ RECEIPT NUMBER _____ DATE _____

NOTE:

1. *Documents which are in a language other than English must be translated into English by a recognised interpreter and properly authenticated*
2. *The Council is empowered to require an applicant to comply with specific requirements e.g. employment under supervision, as a condition of registration.*
3. *Applicants must comply with Zimbabwe Immigration laws.*
4. *Any person who practices his/her profession in Zimbabwe whilst not registered and who is not in possession of a Practising Certificate is liable to prosecution.*
5. *Provisional registration is for a period of three years. Four months before this period expires, persons must make application for their name to be transferred to the Permanent Register if they so wish.*

I hereby make application for registration as a _____

1. PERSONAL DATA

TITLE MR MRS MISS DR
 MALE FEMALE

SURNAME _____

FIRST NAMES _____

PREVIOUS REGISTRATION AS _____

DATE OF BIRTH D D M M Y Y Y Y
 [] [] [] [] [] [] [] []

PLACE OF BIRTH: TOWN _____ COUNTRY _____

NATIONALITY _____

ID NUMBER _____ PASSPORT NUMBER _____

PERMANENT HOME
ADDRESS _____

CONTACT ADDRESS

TELEPHONE NUMBER: WORK _____ HOME _____

2. PROFESSIONAL QUALIFICATIONS

QUALIFICATIONS	NAME OF TRAINING INSTITUTION	DURATION		AWARDED BY	DATE AWARDED
		FROM	TO		

3. DETAILS OF INTERNSHIP (where applicable)

NAME AND PLACE	FROM	TO	DISCIPLINE

4. DETAILS OF PRESENT EMPLOYER

NAME OF EMPLOYER _____ FROM _____

ADDRESS _____

CURRENT LICENCE NUMBER	COUNTRY	DATE OF ISSUE	EXPIRY DATE

5. POST GRADUATE EXPERIENCE/EMPLOYMENT

Please list all post graduate employment experience in reverse chronological order. You are welcome to provide greater details in an attachment to this form.

5.1 DATES: FROM _____ TO _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

JOB TITLE _____

BRIEF JOB DESCRIPTION _____

5.2 DATES: FROM _____ TO _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

JOB TITLE _____

BRIEF JOB DESCRIPTION _____

5.3 DATES: FROM _____ TO _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

JOB TITLE _____

BRIEF JOB DESCRIPTION _____

5.4 DATES FROM _____ TO _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

JOB TITLE _____

BRIEF JOB DESCRIPTION _____

5.5 DATES FROM _____ TO _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

JOB TITLE _____

BRIEF JOB DESCRIPTION _____

6. CAREER OBJECTIVE (*Including aims of obtaining registration and proposed hold of practice*)

7. ANY OTHER RELEVANT INFORMATION:

I hereby certify that the above information is correct.

DATE _____ SIGNATURE _____

APPROVED: [] YES **FOR OFFICIAL USE** [] NO

IF YES: DATE OF REGISTRATION: _____

REGISTRATION NUMBER

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CONDITIONS _____

IF NO REASONS _____

DATE _____ SIGNATURE _____

NURSES COUNCIL OF ZIMBABWE

Solemn Declaration

I _____

a (Quote Profession) _____

of (Residential Address) _____

(Business Address) _____

do solemnly and sincerely declare as follows:

I. THAT I am the person whose name appears on the certificate of the degree, diploma or other certificate on which I rely as a qualification for registration, being Certificate Number (if applicable) _____ date _____ which was issued to me by the _____ after having been duly examined by said _____ the original (or **certified** true copy) Of which is attached. (Unless the certificate is in Latin or English a **certified** translation in English may be attached.)

II. THAT...

A. I have never been debarred from practice on the grounds of professional misconduct;

B. My name has never been removed from any register of members of my profession kept in accordance with the laws of any country in which I have practised my profession;

C. No inquiry is pending which may result in;

1. my being debarred from practice on the grounds of professional misconduct; or

2. the removal of my name from any register referred to in sub-paragraph (b)

III. THAT the universities or training schools at which the periods during which I received my training are as follows;

Name of Institution

Period of training

From

To

IV. THAT I reside, or intend, if my registration is granted, to reside within Zimbabwe.

Declared before me at _____ this _____ day of _____ 20____

Signature of Attesting Officer

Qualification of Attesting Officer

Note: This Solemn Declaration is required to be completed and signed before The Registrar of the Nurses Council of Zimbabwe, or a justice of the peace or a commissioner of oaths or if none of the above-mentioned persons are available, by any English-speaking professional person, provided his /her exact status is defined.)

NURSES COUNCIL OF ZIMBABWE

Certificate of Knowledge of English

THIS IS TO CERTIFY THAT I, _____

Have on the _____ day of _____ 20_____

Interviewed _____

Of (residential address) _____

(business address) _____

and that as a result thereof I find his/her working knowledge of the English language is _____

_____ (insert good, moderate, fair or poor, as the case may be)

Any remarks qualifying or amplifying the above statement including a brief description of the manner in which the applicant's knowledge of the English language was tested);

Signature

Qualification

Note: This certificate is required to be completed and signed by one of the following persons- The Registrar of the Nurses Council of Zimbabwe; or a justice of the peace or a commissioner of oaths or if none of the above mentioned persons are available, by any English speaking professional person provided his exact status is defined.