

NURSES COUNCIL OF ZIMBABWE

16 Dale Road
Marlborough
Harare
Telephone: 0242-300169, 0242- 309436
Email: registrar@nursescouncil.co.zw

P O Box A830
Avondale
Harare

APPLICATION FOR TRANSFER FROM PROVISIONAL TO PERMANENT REGISTER

- FULL REGISTERED NAME _____
SURNAME FORENAMES
- TITLE [] MR [] MRS [] MISS [] Ms [] DR
- REGISTERED ADDRESS _____
- _____
- TELEPHONE: HOME _____ WORK _____ CELL _____
- PROVISIONAL REGISTRATION
(A) PROFESSION _____ (B) REGISTRATION NUMBER _____
- FULL DETAILS OF EMPLOYMENT DURING PERIOD OF PROVISIONAL REGISTRATION IN ZIMBABWE

NAME OF EMPLOYER	DATES OF EMPLOYMENT		CAPACITY IN WHICH EMPLOYED
	FROM	TO	

- NAMES OF TWO PERSONS WHOM PROFESSIONAL REFERENCE IN THE FORMS ATTACHED HAVE BEEN REQUESTED

IT SHOULD BE NOTED THAT THE TWO PERSONS NOMINATED MUST BE PERSONS WHO ARE CURRENTLY REGISTERED WITH THE NURSES COUNCIL OF ZIMBABWE AND SHOULD BE SENIOR SUPERVISING PERSONNEL IN THE SAME OR SIMILAR PROFESSIONS AND UNDER WHO THE APPLICANT HAS WORKED FOR A MINIMUM PERIOD OF SIX MONTHS IN ZIMBABWE.

(1) _____ (2) _____

- TRANSFER FEE

This application must be accompanied by proof of payment of the prescribed non-refundable processing fee and sent to the REGISTRAR, NURSES COUNCIL OF ZIMBABWE, P O BOX A 830, AVONDALE, HARARE.

Email address: registrar@nursescouncil.co.zw

- SIGNATURE OF APPLICANT _____ DATE _____

- NB:
- ATTACH TWO COLOUR RECENT PASSPORT SIZE PHOTOGRAPHS.
 - COUNCIL DOES NOT ACCEPT INADEQUATE AND INCOMPLETE DOCUMENTS.
 - TURNAROUND TIME IS 3 MONTHS.
 - THE APPLICATION LAPSES AFTER 6 MONTHS (IF COUNCIL REQUESTS FOR ADDITIONAL INFORMATION AND THE APPLICANT DOES NOT PROVIDE IT) THEREFORE THE APPLICANT HAS TO REAPPLY AFTER THIS PERIOD.

NURSES COUNCIL OF ZIMBABWE

REPORT AND RECOMMENDATION (1)

APPLICATION FOR TRANSFER FROM PROVISIONAL TO PERMANENT REGISTER

1. APPLICANT

a) Full name (Mr/Mrs/Miss/Ms/Dr) _____

b) Capacity in which known to you in Zimbabwe _____

c) Period known to you From _____ To _____

d) Professional knowledge and practical ability _____

e) Recommendation for transfer to Permanent Register [] YES [] NO

2. REPORTING OFFICER

(a) Full name (Mr/Mrs/Miss/Ms/Dr) _____

(b) Physical Address: _____

Email: _____

(c) Contact Number(s) _____

(d) Registered qualifications _____

(e) Professional position held _____

(f) Signature _____

(Please insert official hospital stamp)

This form must be returned **directly** to: The Registrar

Nurses Council of Zimbabwe

P. O. Box A830

Avondale

Harare

Email address: registrar@nursesCouncil.co.zw

NOTE: PROVISIONAL REGISTRATION IS FOR A PERIOD OF THREE (3) YEARS. FOUR (4) MONTHS BEFORE THIS PERIOD EXPIRES, PERSONS MUST MAKE APPLICATION FOR THEIR NAMES TO BE TRANSFERRED TO THE PERMANENT REGISTER.

NURSES COUNCIL OF ZIMBABWE

REPORT AND RECOMMENDATION (2)

APPLICATION FOR TRANSFER FROM PROVISIONAL TO PERMANENT REGISTER

1. APPLICANT

- a) Full name (Mr/Mrs/Miss/Ms/Dr) _____
- b) Capacity in which known to you in Zimbabwe _____
- c) Period known to you From _____ To _____
- d) Professional knowledge and practical ability _____

- e) Recommendation for transfer to Permanent Register [] YES [] NO

2. REPORTING OFFICER

- a) Full name (Mr/Mrs/Miss/Ms/Dr) _____
- b) Physical Address: _____

- Email: _____
- c) Contact Number(s) _____
- d) Registered qualifications _____
- e) Professional position held _____
- f) Signature _____

(Please insert official hospital stamp)

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