

# 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 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,<br>CERTIFICATES (BIRTH CERTIFICATE, ID, O'LEVEL) |
| 5. Yes/No/NA  | CERTIFICATES OF COMPLETION OF INTERNSHIP<br>(WHERE APPROPRIATE)                         |
| 6. Yes/No/NA  | CERTIFICATE OF KNOWLEDGE OF ENGLISH<br>/AFFIRMATION                                     |
| 7. Yes/No/NA  | TWO TESTIMONIALS FROM COLLEGE/SCHOOL  |
| 8. Yes/No/NA  | FULL TRANSCRIPT OF TRAINING NURSE   |
| Yes/No/NA     | MIDWIVES  |
| Yes/No/NA     | PSYCHIATRY  |
| Yes/No/NA     | 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**

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## 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/ training school (related to the last six months)
6. Transcript of training – nurses and midwives (attached).
7. Record of student practical training – midwives
8. Two 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 \_\_\_\_\_

**FOR OFFICIAL USE**

APPROVED: [ ] YES

[ ] NO

IF YES: DATE OF REGISTRATION: \_\_\_\_\_

REGISTRATION NUMBER

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CONDITIONS \_\_\_\_\_

IF NO REASONS \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## 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;

<u>Name of Institution</u>	<u>Period of training</u>	
	<u>From</u>	<u>To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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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 by 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 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.