



EMPLOYMENT RECORD FOR THE PAST FIVE YEARS

DATE OF FIRST APPOINTMENT	TYPE OF EXPERIENCE	EMPLOYER'S ADDRESS

TRAINING AND REGISTRATION RECORD

	NAME AND ADDRESS OF TRAINING SCHOOL	DATE TRAINING STARTED	DATE TRAINING COMPLETED	QUALIFICATION OBTAINED	NAME OF REGISTERING AUTHORITY	REG. NO.	DATE OF REG.
GENERAL NURSE							
MIDWIFE COMMUNITY							
HEALTH NURSING							
PSYCHIATRIC NURSING							
ANY OTHER PLEASE SPECIFY							

DECLARATION

I hereby make application for my name to be entered on the register/roll of nurses maintained by the Nurses and Midwives Council of Malawi.

Indicate with a tick the register/roll which this application applies.

- General Nurses Register
- Midwives Register
- Community Health Nurses Register
- Psychiatric Nurses Register
- Enrolled Nurses Roll
- Enrolled midwives Roll
- Enrolled Community Health Nurses Roll
- Enrolled Psychiatric Nurses Roll



Signature of applicant.....
Date.....

Return this form to:

The registrar
Nurses and Midwives Council
P.O.Box 30361
Lilongwe 3.
MALAWI

Revised: October 2004.