



Solomon Island Nursing Council
Ministry of Health Medical Services
P.O.Box 349
Honiara

The Secretary,
Nursing Council
Solomon Islands

Telephone: 20877
Fax: 20085

Dear Sir/ Madam

I hereby make application for registration under the nursing council Act 1987 and forward herewith the following particulars in respect of such application.

Name in full; -----
Surname Other names (Please print)

Home address; -----
Village Island and Province

Other Place of Contact; -----
Residential address or Phone of Contact

Place of birth; -----
Hospital/Clinic Island/Province

Date of birth; -----/-----/-----

I hereby declare that I have undertaken the following courses of instructions and/or qualified in the following examinations and attached herewith the documents as follows to support this claim:
(See attached documents)

I further declare that my current practice number; Oversea/ Local is: -----

My License to practice Nursing:

Is valid from Date; -----/-----/----- Date Expires; -----/-----/-----

I hereby apply to the board for registration as a (General Nurse/Midwife/ Probation/other specialties)
(Please Circle appropriately)

Yours faithfully,

ENC. (Signature), Date;

* Delete if not applicable.



**Ministry of Health and Medical Services
P.O.Box 349, Honiara, Solomon Islands**

NURSING COUNCIL ADMINISTRATION, REGISTRATION CHECKS LIST:

Name of Applicant: _____

Date applied _____ Date all documents received _____

Required documents

Yes/NO

Required documents	Yes/NO			
1. Application Form for registration- Solomon Island nursing Council (SI)				
2. Qualification Certificates as Nurse - other nurse specialty areas				
3. Medical Clearance				
4. Police Clearance				
5. Reference letter				
6. Transcripts from accepted Nursing training Institute				
7. Curriculum Vitae or nurse employment History				
8. Acceptance letter from intended practicing Facility -SI				
9. Valid license- non residence of SI From_____ To_____;				
10. Letter of your intention to application for registration with the Solomon Island Nursing council.				
11. Copy of Valid Passport				
12. Work permit - non residence				
13. Residence and Entry permit- non residence				

Important Note: All of the above is true to the best of my Knowledge.

Additional requirements:

State whether you are applying for a long and fixed term appointment, if it is a long and fixed term, please provide all of the above

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State whether you are applying for a short and temporary term appointment, if it is short and temporary, (Below six months) please provide the following as above, 1,2,8,9, and 11

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State whether you are applying under an volunteer organization. Briefly Describe here

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State whether you are applying as an individual. Briefly Describe here

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Reference letter from your nurses registering body

Letter of intention to work and indication of the area of interest to work and location.

All documents must be certified as the true copy of the original

Date: _____

Signature:

