TANZANIA NURSES AND MIDWIVES COUNCIL

APPLICATION FOR ADMISSION TO THE REGISTER OF NURSES AND MIDWIVES

Full Names (Block Letters) ....
First Middle Surname

Previous Names (If any) .....

Permanent Address .....

.....Tel: No. .....

Employer in Tanzania.....

Nature of Employment .....

Date of Birth ..... Sex .....Nationality .....

Training Centres .....

Address .....

Length of Training From: ..... To: .....

Date of Final Examination .....

Particulars of Previous Training and Registration/Enrolment

Name of School	Trained from (Month/Year) to (Month/Year)	Passed final exams on Month/ Year	Registered in which part and capacity *(e.g. Part One as a Nurse)*	Registration/ Enrolment Certificate Number	Registration/ Enrolment Date

Enclose a fee of T.Shs 20,000/= per part or US. $ 30 for non-Tanzanian per registration and 4 passport size photographs.

.....
(Signature of the Applicant)

.....
(Principal's Signature and Rubber Stamp for Training Centre)

Sent this form to: The Registrar
Tanzania Nurses and Midwives Council
P.O. Box 6632, Dar es Salaam, Tanzania
Mobile 0786 201 000