

FORM I
 (Regulation 3(1))
 (To be completed in duplicate)



NURSING AND MIDWIFERY COUNCIL OF ZAMBIA
The Nurses and Midwives Act, 2019
 (Act No. 10 of 2019)

The Nurses and Midwives (General) Regulations, 2021
(Regulation 3)

APPLICATION FOR REGISTRATION AS A NURSE AND/OR MIDWIFE

(Sections 15, 17, 18 and 19 of the Nurses and Midwives Act No. 10 of 2019)

**Photo
 Supply 2
 recent
 photographs**

Please Complete in BLOCK LETTERS

Please indicate type of registration (Full/Temporary/Provisional/Specialist). *See overleaf/link for explanation.*

Section 1: Personal Particulars

No.	Personal Information	Please Complete	For Official use (Verification)
1.1	Surname		
1.2	Forename		
1.3	Other Names		
1.4	Nationality		
1.5	NRC Number		
1.6	Passport No. (Non-Zambian)		
1.7	Date of Birth		
1.8	Sex		
1.9	Contact Postal Address		

1.10	Physical Address		
1.11	Mobile No.		
1.12	E-mail address		
1.13	Marital Status		
1.14	Name of Next of Kin		
1.15	Relationship to Next of Kin		
1.16	Next of Kin Phone No.		
1.17	Contact Address of next of Kin		

Section 2: Academic Qualifications (High School/Secondary/ University)

Name of School/District/Province/Country	Examination Authority	Certificate obtained	Year Completed

Section 3: Professional Qualifications

Name of College/University	Type of Qualification Obtained	Period of training (date/Month/Year)	
		From	To

OTHER COURSES DONE

TRAINING INSTITUTION	NAME OF COURSE	Period of Training (Date/Month/Year)	
		From	To

Section 4: Category of Nursing/Midwifery (Tick where applicable)

No.	Application for Registration as:	Specify type of Nursing/Midwifery Qualification to be registered	Trained in Zambia	Trained Outside Zambia
4.1	Registered Nurse with Certificate			
4.2	Registered Nurse with Diploma			
4.3	Registered Nurse with Advanced Diploma			
4.4	Registered Nurse with Degree			
4.5	Registered Nurse with Post Graduate Certificate			
4.6	Registered Nurse with Post Graduate Diploma			
4.7	Registered Nurse with Master's Degree			
4.8	Registered Nurse with Doctorate			
4.9	Registered Midwife with Certificate			
4.10	Registered Midwife with Diploma			
4.11	Registered Midwife with Advanced Diploma			
4.12	Registered Midwife with Degree			
4.13	Registered Midwife with Post Graduate Certificate			
4.14	Registered Midwife with Post Graduate Diploma			
4.15	Registered Midwife with Master's Degree			
4.16	Registered Midwife with Doctorate			
4.17	Registered Nurse Midwife with Certificate			
4.18	Registered Nurse Midwife with Diploma			
4.19	Registered Nurse Midwife with Advanced Diploma			
4.20	Registered Nurse Midwife with Degree			
4.21	Registered Nurse Midwife with Postgraduate Certificate			

4.22	Registered Nurse Midwife with Postgraduate Diploma			
4.23	Registered Nurse Midwife with Master's Degree			
4.24	Registered Nurse Midwife with Doctorate			
4.24	Others (specify):			

Section 5: Employment Status (For Qualified Nurses and Midwives only)

Indicate employment status by ticking where applicable

(a) Employed (b) Unemployed (c) Retired

No	Work Profile	Tick where applicable
5.1	Are you working in Zambia	Yes/No
5.2	Are you Currently working as a Nurse	Yes/No
5.3	Working under Non- governmental Organisation?	Yes/No
5.4	Self Employed	Yes/No

If Working

5.5	Position/Designation	
5.6	Name of Employer (Organization or Institution)	
5.7	Work Station	
5.8	District/Province	
5.9	Postal address	
5.10	Telephone	
5.11	Fax	
5.12	E-mail	
Category of Employment		Tick where applicable
5.13	Government	
5.14	Mission	
5.15	Private	
5.16	Defence	
5.17	Non-Governmental Organisation (NGO)	
5.18	Any other (specify):	

Section 6: Documents to be attached

	Attach certified copies of the following documents to support your application	Tick submitted copies where applicable	Remarks (if any)	For Official Use (Verification)
6.1	National Registration Card (NRC)/Passport			
6.2	Registration Certificate(s) including those obtained from other Nursing Councils			
6.3	Practicing Certificate			
6.4	Transcript of results			
6.5	Curriculum Vitae (Foreign Trained Practitioners only)			
6.6	Certificates from training institutions			
6.7	School certificate (Grade 12/ High School Certificates or equivalent)			
6.8	2 recent certified passport size photos (formal dressing & no jewellery) with name written on the back			
6.9	Certified copies of Professional Certificate(s) (if applicable)			
6.9	Others (specify)			
6.10				

Section 7: Criminal or Disciplinary Record

(a) Have you ever been convicted of an offence involving fraud or dishonesty under the Nurses and Midwives Act No. 10 of 2019 or any other written law? YES
 NO

(b) If your answer to (a) is yes, briefly explain

 ...

 ...

(c) Have you ever been de-registered by a Nursing Council? YES
 NO

(d) If your answer to (c) is yes, briefly explain

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Section 8: Personal Declaration

DECLARATION

Ihereby declare that the information herewith given is true and correct to the best of my knowledge.

Signed..... Date:.....

Please return the form including Registration fees to:

The Registrar
Nursing and Midwifery Council of Zambia
Plot No. 171, Luanshya Road, Villa Elizabetha
P.O. Box 33521
LUSAKA

Tel: +260 211 221284
Email address: nmcz@nmcz.org.zm

FOR OFFICE USE ONLY

Section 9: Approval/Refusal

- 1. Prescribed Registration fees
- 2. Type of registration approved.....
- 3. Date Registration approved
- 4. Date Registration refused
- 5. Reason for refusal of registration (if applicable)
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Signed.....
Designation:.....
Date.....