

# FIJINURSING COUNCIL

87 Amy St, Suva. GPO Box 12685, Suva.  
PH: +679 3306177, Fax: +679 3306163

Website: [www.fijinc.com](http://www.fijinc.com)  
Email: [nursingcouncil@health.gov.fj](mailto:nursingcouncil@health.gov.fj)

4.5 x 3.5

## APPLICATION FOR TEMPORARY NURSING REGISTRATION UNDER NURSING DECREE 41 OF 2011

**Use this Form for Temporary Registration**. Additional details should be added on separate paper. Forms should be emailed to [nursingcouncil@health.gov.fj](mailto:nursingcouncil@health.gov.fj). Also attach a **recent** digital photograph

1. Personal Information	
Surname: First Name: Other Names:	Preferred Title:  Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/>
Date of Birth:      Gender:  / /      Male      Female <input type="checkbox"/>	Country of Citizenship:      Country of Birth:
Residential Address:	Postal Address:
Telephone – Home:      Work:	
Fax:      Work:	
Mobile:      Email:	
Passport No:      Driving License No:	
Language Spoken:	
Next of kin:      Relationship:	
Address:	
Telephone/Mobile:	

2. Nursing Registration held:				
Date of entry	Registering Authority	Name of Nation/ State	Valid until	General/ Specialist

3. Temporary Registration:
Category(s) of Registration Sought:
<b>Dates:</b> From ..... until ..... [Relevant to specific projects, duration less than 3 months]
<b>Reason for seeking temporary registration:</b> [Give name of sponsoring agency, place of practice, details of project/or any other reason]
LAU

<b>4. Primary Nursing Qualification:</b>	
Qualification Gained	:
Institution	:
Country	:
Year & Length of program	:
Clinical instruction received :	
Language of instruction of course:	

<b>5. Internship Training Completed as follows:</b>			
Clinical Discipline	Institution, Place Give name of hospital & city	Duration in months	Month/Year Completed
General Medical & Surgical Nursing			
Psychiatry Nursing			
Obstetrics & Gynecology			
Public Health			
Other			

<b>6. Postgraduate Degrees/Certifications:</b>		
Date (year/month)	Degree/Diploma	Full name and location of conferring authority

<b>7. Other Degrees &amp; Qualifications (in any field):</b>

<b>8. Disciplinary Enquiries and Charges (concluded &amp; pending):</b>		
Date	Country	Details and Outcome

<b>9. Current location and sphere of nursing practice</b>
Including hospital/academic appointments: Give full name and address of employing authority; or, if relevant name partners in private or state "Solo Practice"

**10. Summary Record of Nursing Practice [From initial qualification until the present]:**

Any period of unemployment or temporary retirement from practice greater than one month should be documented and reasons for same indicated. Attach additional sheets if necessary. Please do not simply write " See C.V. "

	From: Month/Year	Until: Month/Year	Post:	Location: Name of hospital	Clinical area of practice
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

**11. Medical / Fitness for Practice :**

Have you previously suffered or currently suffer from an injury or illness which may place you or your patients at an increased risk or harm? YesNo

Do you have any medical condition which may place you or your patients at an increased risk or harm? YesNo

If Yes, please detail conditions (include date of injury/ illness). Also provide details of your Hepatitis B immunization.

**12. Continuing Professional Development:**

List all CPD activities in the previous 12 months

Date	Activity	Hours

**13. Professional Indemnity :**

Do you have professional indemnity cover insurance that will applicable whilst you practice in Fiji? YesNo

If yes, please provide the details and evidence.

**14. Other Matters:**

Are you currently facing any criminal or traffic charges? YesNo

If yes, please provide details

## 15. Declaration by Applicant :

- I undertake to display my annual practicing certificate in the public area of my practice and ensure that patients are aware of the status and conditions.
- I undertake to comply with all relevant legislation and Council guidelines, regulations, codes & standards;
- I undertake to provide the Council police clearance reports from all jurisdictions should the Council seek such document;
- I undertake to provide the Council medical reports should the Council seek such document;
- I undertake to inform the Council within 30 days should any of the details change stated on this form;
- I undertake to cooperate with the Council in all matters including complaints and disciplinary;
- I consent to the Registrar divulging relevant practice details as it sees fit.
- I consent to the Registrar verifying any information provided by me in this form;
- I declare that I am fit for practice in the vocation I am applying for;
- I make this declaration in the knowledge that a false statement may amount to perjury and revoke my practicing certificate;
- I solemnly declare to the best of my knowledge that all information provided are true & correct;
- I undertake to uphold the Nursing profession in high esteem.

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

Name: ..... Place: .....

**Warning: False / Fraudulent claims:** In the event of any applicant submitting false or incomplete data, and / or copies of certificates, which are found to be false, the Nursing Registration authority of the applicant's citizenship will be notified. The application for registration in Fiji will be unsuccessful; or provisional registration, if already given, will not be confirmed, and may be cancelled. Council may require further information before a decision is made.

### Supporting Documents Required:

Please submit copies of the following documents with this application:

1. Certified copy of Nursing Undergraduate or Basic qualification.
2. Certified copy of Postgraduate qualifications.
3. Certificate of Good Standing from the Nursing Council authority/recent place of Nursing practice, date not more than 3 months.
4. Certified copy of passport
5. Evidence of Continuing Professional Development.
6. **Send a recent [less than 30 days old] digital photograph via email.**
7. Evidence of Professional Indemnity.

## 16. Payment:

A fee schedule can be viewed on our website. Please make any cheques payable to the Registrar of the Fiji Nursing Council. Should you wish to make direct payment, **add your details in the payer section** & deposit the fee in our BSP Account # **8686863**. BSP Swift Code: **BOSPFJFJ**. Evidence of payment must be emailed to nursingcouncil.gov.fj.

### PREFERRED METHOD OF PAYMENT

Cash  Transfer Credit OnBSP Account

## 17. Fee Schedule :

<u>Description</u>	<u>Rate (FJ\$) - VIP</u>
Application for Temporary Registration [Overseas Visiting Teams]	\$70.00
Application by Overseas Applicants for General Nursing Registration [Non Resident]	\$100.00
Application for Annual Practising License for Vocational/General Nursing [Non Resident]	\$200.00

For Official Use Only:

- Date received : .....
- Receipt Number : .....
- Approved or Not Approved

**All applications should be addressed to the: Registrar, Fiji NURSING COUNCIL**