

APPLICATION FOR ENTRY INTO OTHER PARTS OF THE REGISTER*/
CHANGE OF NAMES IN CURRENT REGISTER* FOR NURSES/MIDWIVES*

(Please complete in Block Letters)

To: The Registrar
Seychelles Nurses and Midwives Council
P.O.BOX 1610, Mahe, Seychelles

1. **I**
(Full Christian Names and Surname)

2. **Born on** **at**.....
(Date) (Place)

3. **Residing at**.....
.....
(Full permanent Address)

4. **Marital Status**
(If married give Maiden Name)

5. **Original Registration**

Date Number

6. **Last Nursing Position**

From To..... Organization

hereby request the Seychelles Nurses and Midwives Council to enter/change my name in the Register or part of the Register formaintained by the Council. I enclose:

- i. my certificate of training**
- ii. my certificate of birth, my marriage, divorce or other proof of change of name/s**

I promise in the event of my being registered, and in consideration thereof, to be bound by and to conform to the Rules and Regulations laid down by the council.

Date: **Signature:**

* Delete as appropriate