

GENERAL NURSING COUNCIL OF SAINT LUCIA

Victoria Hospital, Hospital Road, Nurses Home, 2nd Floor

Castries, St. Lucia, West Indies.

Registration Authority/Supporting Declaration/Verification of Good Health and Character

Instructions to Nursing Council/Registration Authority: Please refer to guidance overleaf

Instruction to Applicant

Send this document for completion to the Nursing Council/Registration Authority where you are currently registered/ enrolled. You must insert your Registration/Enrollment Number in the space provided so that the Council may be able to identify you.____

Surname:

First Name:

Other Name:

Maiden Name:

Registration/Enrollment No.:

Date of Registration /Enrollment;

Application to register as a Registered Nurse/Midwife Psychiatric Nurse/Enrolled as Nursing Assistant.

To be completed by an Officer of the Registration Authority /Registrar

1. I confirm that the person named above recorded correctly/incorrectly details of his/her () YES () No
2. Current License status ()Active () Inactive () Lapsed Expiration Date _____
3. License ever been encumbered (denied, revoked, suspended, placed on probation)? () Yes () No
If yes, please send certified copies of Authority actions
4. The Programme which led to that Registration/Enrollment was completed at _____
5. The language of instruction and examination was _____
6. The title of qualification gained was _____
7. The length of the programme was _____ years (calendar years *delete as appropriate)

Supporting Declaration of Good Character

I confirm that this applicant has not been found guilty of any misconduct or deemed unfit to practice, that no cautions have been applied to his/her registration/enrollment and that his/her character is sufficiently good to enable safe and effective practice (if otherwise please attach details).

Signature: _____

Date: _____

Registration Authority Stamp/Seal:

(Please note that this cannot be accepted as valid without the official stamp of the Nursing Council/registration Authority).