

**GENERAL NURSING COUNCIL OF SAINT LUCIA
APPLICATION FORM TO SIT REGIONAL EXAMINATION
FOR NURSE REGISTRATION**

(To be completed by candidates)

1. _____
Surname **First Name** **Middle Name/s**

2. _____
Date of Birth – Month Year

3 _____
Marital Status **Maiden Name**

4 _____
Permanent Address **Telephone No.**

5. _____
Nationality

6. _____
Place of Birth

7. _____
Training Institution

EXAMINATION ENTERED

(Tick appropriate sitting)

1st Sitting _____

2nd Sitting _____

3rd Sitting

Date: _____

Signature: _____