

**SOLOMON ISLANDS**

Date: .....

The Secretary  
Nursing Council  
Ministry of Health & Medical Services  
P.O. Box 349  
Honiara  
Solomon Islands

Dear Sir/Madam

I hereby make application for registration under the Nursing Council Act 1987 and forward herewith the following particulars in respect of such application.

Name in full: .....  
(Surname) (Other names (please print))

Home Address: .....  
(Village/town/city)  
.....  
(Country)

Solomon Islands address: .....  
(Village/town)  
.....  
(postal address)

Place of birth: .....  
(Village/town/city) (Country)

Date of Birth: .....

I hereby declare that I have undertaken the following courses of instruction and/or qualified in the following examinations and attach herewith documents as follows to support this claim:

I further declare that my current practising registration number is ..... for 20..... and is valid until 20.....

I hereby apply to the Board for registration as \*Nurse/Midwife .....

Yours faithfully,

ENC. (Signature)

\* Delete if not applicable