

FORM 9

APPLICATION FOR REGISTRATION AND LICENCE TO
PRACTICE (as a Midwife under the provisions
of Section 21(3) of the Ordinance)

Fees:
Rec.No.:
Date:

AR/ _____

TO: The Secretary,
The Nursing Council of Trinidad & Tobago.

I HEREBY REQUEST The Nursing Council of Trinidad and Tobago to grant me the necessary Certificate of Registration and Licence to Practise as a Midwife.

I now submit documents attesting to my identity and qualifications and the Fee as prescribed by the Council.

AND I DECLARE THAT the particulars hereunder to which I affix my signature are TRUE AND CORRECT:-

AFFIX
PASSPORT-SIZED
PHOTOGRAPH
HERE.

A: Particulars of Identity (FULL NAME)
SURNAME (Block Letters)
1st Name 2nd Name
3rd Name 4th Name
If Married, Maiden Name
Date of Birth Date of Marriage
Nationality
Full Postal Permanent Address:-

B: Professional qualifications
Name & Address of Institution of Training
Period of Training: From To
Name & Address of Licensing body in State/Province where above training was undergone
Date of Licensing by the above body
Number of LICENCE AS A MIDWIFE:-
Is the above Licence in force? (tick off)
YES NO

*State reason fully below:-
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.....

Professional qualifications (other than Licenced Midwife)

Qualification	Date obtained
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G: Basic Education

Primary: From To
Certificate gained

Secondary: From To
Certificate/Diploma gained
If a G.C.E. Certificate gained, state Subject Passes
.....
.....

University: From To
Degree/Diploma gained

Have you taken the Education Test for Prospective Student Nurses & Midwives of the Nursing Council of Trinidad & Tobago? (tick off)

YES

NO

: Employment up to the date of this application

State place of employment to date, giving periods of such employment:-

Names and Addresses	From	To
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.....		
.....		
.....		
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.....		

Signature of Applicant:-

Date:-

OFFICE USE ONLY

Original documents returned to Applicant on personally? (tick off as applicable)
Overseas Registered Airmail By Inland Registered Mail cable)

Certificate of Licence to Practise as a Midwife, No. of

Certificate of Birth with affidavit Certificate of Marriage of Baptism

OTHER document(s) (to be named)

Signature of OWNER of documents:-

OR Signature of MAILING CLERK:-