



ZANZIBAR NURSES AND MIDWIVES COUNCIL
APPLICATION FOR REGISTRATION AND LICENSE

1. Personal Information:

Full Names (Block letters):

.....
First Name Middle Name Last Name

Previous Names (If any)/Maiden: Sex:

Date of Birth: .../.../..... Nationality: Place of Birth:

Physical Address: Postal Address:

Zanzibar ID National ID Passport ID: ID Number:

Mobile Number: Email address:

2. Employer Information:

Name and Address of Employer:

Full Time Part Time

3. Work Station Information

Work station (Hospital/ PHCU+/PHCU/Private Hosp/Dispensary/Clinic/Org/NGO):

Zone Unguja Pemba District Name:

4. Educational Information

NAME OF TRAINING INSTITUTION	COUNTRY	LENGTH OF STUDY (Year From – Year To)	PROFESSIONAL AWARDED

Nurse Education Level		
Diploma/Advance Diploma / Postgraduate	Bachelor / Master / PhD	
<input type="checkbox"/> Nurse <input type="checkbox"/> Midwives <input type="checkbox"/> Community Health <input type="checkbox"/> Ophthalmic <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Anesthetic <input type="checkbox"/> Nurse Education/Tutor <input type="checkbox"/> Theater Management <input type="checkbox"/> Ophthalmic <input type="checkbox"/> Psychiatric <input type="checkbox"/> Others Specify	<input type="checkbox"/> BScN:	<input type="checkbox"/> PhD: (Specify).....
	<input type="checkbox"/> Master: (Specify)	Specify any other Master/Degree/Diploma of non nursing programs:

5. Nursing Association Information

Are you a member of Nursing Association? Yes No

Give the name of the Association and Card No. :

6. Registration and License Information (For Office Use Only)*

REGISTRATION / ENROLMENT DATE	REGISTRATION NUMBER	REGISTERED PART	LICENSE NUMBER	ISSUE DATE	EXPIRE DATE

Registered with Council As:

- | | | |
|---|--|---|
| <input type="checkbox"/> Part I for Nurses. | <input type="checkbox"/> Part VI for Mental Health Nursing. | <input type="checkbox"/> Part XI for any Other Nurses or Midwives not Covered by the foregoing parts. |
| <input type="checkbox"/> Part II for Midwives. | <input type="checkbox"/> Part VII for Nurse Tutors. | |
| <input type="checkbox"/> Part III for Community Health Nursing. | <input type="checkbox"/> Part VIII for Midwives Tutors. | |
| <input type="checkbox"/> Part IV for Ophthalmic Nursing. | <input type="checkbox"/> Part IX for Operating Theater Nurses. | |
| <input type="checkbox"/> Part V for Pediatric Nursing. | <input type="checkbox"/> Part X for BScN & MScN | |

7. Declaration

Ideclare that the information given in this form is true to the best of my knowledge

Signature: Date:

Enclose Registration fee:

1. For Registered nurses Tanzanians **Tsh 100,000/=**. The amount to be paid at People Bank of Zanzibar, The amount is payable using **Control Number available at ZNMC office**
2. For Registered nurses **Non-Tanzanian US\$150**. The amount is payable using **Control Number available at ZNMC office**

Attachment:

1. Copy Zanzibar ID or National ID or Passport
2. Copy of Professional Awarded (**Diploma/Bachelor/Master/PhD**)*
3. Form IV certificate
4. Copy of Previous License from Council (**for Non Zanzibarian applicants**)*
5. **Police Clearance report (for Non Citizen applicants)***
6. TWO recent colored passport size
7. **Bank pay receipt from People Bank Zanzibar***
8. Copy of a membership card of Nursing Association/Midwifery Association (**if any**)

OFFICIAL USE ONLY

Approved/Not approved

Reason.....

Valid from.....Valid to.....

Signature of Chairperson.....Signature of Registrar.....

Date.....

Date.....

**Send to: The Registrar
Zanzibar Nurses and Midwives Council
P. O. Box 236 Zanzibar
Mobile +255773530927**