

FIJI VYKOV8 COUNCIL

Application for Temporary V
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Registration



Click to add Color Photo

This form should be downloaded. Fill in the blanks on the computer. Additional details should be added on separate paper. Completed form & other information should be emailed to info@natuvu.org

1. Personal Information:				
Surname :			Preferred Title:	
First Name:			Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	
Other Names:				
Date of Birth: <small>Day Month Year</small> / /		<input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Citizenship:	Country of Birth:
Practice / Residential Address:			Postal Address:	
Telephone - Home:		Work:	Fax:	
Mobile:		Email:		
Passport No:	Driving License No:		Driver's State:	
Languages Spoken:				
Next of Kin:		Relationship:		
Address:				
Telephone/Mobile:				

2. Nursing Registration held in United States and elsewhere:				
Date of entry <small>Day / Month / Year</small>	Registering Authority	Name of Nation / State	Valid until	General/Specialist

3. Temporary Registration details:	
Dates: From Day / Month / Year Until Day / Month / Year (Duration less than 3 months)	

Reason for seeking registration:

To provide treatment to the poor, free of charge, at the Mission at Natuvu Creek, Buca Bay, Vanua Levu

4. Primary Nursing Qualification:**Qualification Gained:**

Institute:

Country:

Year & Length of program:

Language of instruction of course:

5. Internship Training Completed as Follows: (add attached page if necessary)

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Language of instruction of course:

6 & 7. Postgraduate degrees / Certifications or Other Degrees & Qualifications:

Language of instruction of course:

8. Disciplinary Enquiries and Charges (concluded & pending):

Date	Country	Details & Outcome

9. Current location and sphere of nursing practice:

Including hospital / academic appointments: *Give full name and address of employing authority*

10. SUMMARY RECORD OF NURSING PRACTICE - FROM INITIAL QUALIFICATION UNTIL PRESENT - Use separate sheet**11. Medical / Fitness for Practice :**

Have you previously suffered or currently suffer from an injury or illness which may place you or your patients at an increased risk or harm? Yes No

Do you have any medical condition which may place you or your patients at an increased risk or harm?

Yes No

If Yes, please detail conditions (include date of injury/ illness). Also provide details of your Hepatitis B immunization.

12. CONTINUING PROFESSIONAL DEVELOPMENT - List all CPD Activities in previous 12 months on separate page

13. Professional Indemnity:

Do you have professional indemnity cover insurance that will be applicable whilst you practice in Fiji?

Yes/No: **YES - Guernsey Trust International Helpers Insurance – SEE ATTACHED – Obtained by Mission at Natuvu Creek.**

11. Other Matters:

Are you currently facing any criminal or traffic charges? Yes No

If yes, please provide details

12. Declaration by Applicant:

- I undertake to display my temporary practicing certificate in the public area of my practice and ensure that patients are aware of the status and conditions.
- I undertake to comply with all relevant legislation and Council guidelines, regulations, codes & standards;
- I undertake to provide the Council police clearance reports from all jurisdictions should the Council seek such document;
- I undertake to provide the Council medical reports should the Council seek such document;
- I undertake to cooperate with the Council in all matters including complaints and disciplinary;
- I consent to the k divulging relevant practice details as it sees fit.
- I consent to the k verifying any information provided by me in this form;
- I declare that I am fit for practice in the vocation I am applying for;
- I make this declaration in the knowledge that a false statement may amount to perjury and revoke my temporary practicing certificate;
- I solemnly declare to the best of my knowledge that all information provided are true & correct;
- I undertake to uphold the V profession in high esteem.

 Signed:

Date:/...../20.....

IF FORM IS SENT ELECTRONICALLY; PLACING YOUR NAME BELOW CONSTITUTES TO ELECTRONIC SIGNATURE.

Name:

Place:

Warning: False / Fraudulent claims: In the event of any applicant submitting false or incomplete data, and / or copies of certificates, which are found to be false, the V Registration authority of the applicant's citizenship will be notified. The application for registration in Fiji will be unsuccessful; or provisional registration, if already given, will not be confirmed, and may be cancelled.

Supporting Documents Required:

Please submit copies of the following documents with this application:

1. # of V qualification.
2. Copy of postgraduate qualifications.
3. A digital passport style colour photograph on the front page which must be not more than one month old.
4. Certificate of good standing from the V k stration authority o not more than 3 months before the date of this application.
5. Copy of driving license or ID.
6. Copy of passport.
7. Evidence of Professional Indemnity – **WILL BE PROVIDED BY MISSION AT NATUVU CREEK.**
8. Support letter from your local partner in Fiji.- **WILL BE PROVIDED BY MISSION AT NATUVU CREEK**

PLEASE RETURN THIS DOCUMENT IN ITS ORIGINAL FORMAT WITH SUPPORTING DOCUMENTS TO:

info@natuvucreek.org