

**THE GENERAL NURSING COUNCIL FOR ST.VINCENT  
AND THE GRENADINES**

**Application for Admission to Qualifying Examination**

**Nursing Assistants**

The Secretary, General Nursing Council  
St. Vincent and the Grenadines

**Full Name:** \_\_\_\_\_  
**Christian Surname Maiden Name**

**Date & Place of Birth:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

I hereby make request of the General Nursing Council for St. Vincent and the Grenadines to be admitted to the qualifying examination in \_\_\_\_\_.

I promise in the event of my being so admitted and in consideration thereof, to be bound by and confirm in all respects, to the Rules and Regulations for the time being in force.

I hereby declare that I am over the age of 21 years and enclose herewith the prescribed fee of \$ \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Recommended/Not Recommended. (Delete the one not required.)

Signature: \_\_\_\_\_  
Officer in Charge of Training School

Date: \_\_\_\_\_

This application has been approved/Not approved by the Council

Signature: \_\_\_\_\_  
Chairman General Nursing Council

Date: \_\_\_\_\_