THE GENERAL NURSING COUNCIL FOR ST.VINCENT AND THE GRENADINES

Application for Admission to Qualifying Examination

<u>In Midwifery</u>

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:_____