

**Application for registration in the United Kingdom**

**EU registration application form**

This form must be completed using CAPITAL LETTERS and BLACK INK

PRN : 1017476360

**Section 1: Personal details**

Title (Mr, Mrs, Miss etc)	[REDACTED]
Forename(s)	[REDACTED]
Surname	[REDACTED]
Gender(Male/Female)	[REDACTED]
Date of birth (dd/mm/yyyy)	[REDACTED]
Country of training	[REDACTED]

Current address	New address (if different)
[REDACTED]	
[REDACTED]	
Portugal	

Nationality	Portuguese
Spouse's nationality (if applicable)	
EU nationality dependent (if applicable)	
Registration entry code	RN1

**Section 2: Professional education and training**

Name and address of training institution:	Initial professional qualification obtained:
<b>Name and address of Nursing School in Portuguese</b>	<b>General nurse</b>
	Date of commencement: ____ / <b>MM</b> / <b>YY</b>
	Date of completion: ____ / <b>MM</b> / <b>YY</b>





Name and address of training institution:

Additional professional qualification obtained:

**Place here information about post-graduations or leave empty if you have none**

Date of commencement: \_\_\_/\_\_\_/\_\_\_

Date of completion: \_\_\_/\_\_\_/\_\_\_

If you require any further assistance, please contact the NMC advice centre on 020 7333 9333 and one of our operators will be happy to help you. Please be kind enough to have your PRN number to hand.

Have you been convicted of any criminal offence or issued with any cautions? YES  NO

If yes, please give details and continue on a separate sheet if necessary:

\_\_\_\_\_

### Section 3: Self-declaration by the applicant

I declare that the information given on this form is true and that my health and character are sufficiently good to enable me to practice safely and effectively. I also understand that posing as a registered nurse, registered midwife or registered specialist community public health nurse is a criminal offence and should any of the details in this application prove to be false, I could be subject to prosecution.

Signature: \_\_\_\_\_ **Name** Date: **current date** \_\_\_\_\_

**Please note that section 4 is only required to be completed if the supporting declaration of good health has not been completed on the 'Supporting declaration of good health and good character for admission to a part of the NMC's professional register' form**

### Section 4: Declaration of good health by occupational health department/medical practitioner **To be filled by the work doctor or family doctor**

To the best of my knowledge I believe that the above named applicant's health is sufficiently good to enable safe and effective practice. I also support their application to be entered in the professional register for nurses and midwives.

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

Position held: **Position occupied by doctor** \_\_\_\_\_

#### Stamp required:

*(Please note that this cannot be accepted as valid without an official stamp)*

**Place stamp and/or sticker here**



## Supporting Declaration of Good Health and Good Character for Admission to a Part of the NMC's Professional Register

### Instruction to Applicant

Please pass this form to the Competent Authority in your country of registration for completion.

Please see overleaf for guidance on completing this form.

PRN : 1017476360

Name of Applicant:



Registered entry level qualification code: RN1

### To Signatory

Please see overleaf for guidance on completing this form. Once completed please return to:

NMC  
Registration Department  
23 Portland Place  
London  
W1B 1PZ

### Supporting Declaration of Good Character

**Please fill out with the sentence as shown :**

I confirm that this applicant has not been found guilty of any misconduct or lack of fitness to practise, and that no cautions or conditions have been applied to his/her registration and that his/her character is sufficiently good to enable safe and effective practice (if otherwise please attach details).

Signature: **THE RELEVANT DECLARATION IS ATTACHED** Date: .....

Registration Authority Stamp:

### Supporting Declaration of Good Health **To be filled by the family doctor**

To the best of our knowledge I believe that the above named applicant's health is sufficiently good to enable safe and effective practice. I also support their application to be entered in the professional register for nurses and midwives.

Signature: ..... Date: .....

Position held: **Position occupied by doctor**

Registration Authority Stamp:

*(Please note that this document will not be accepted as being valid if it does not bear the stamp of the registering/licensing authority).*

**Place stamp and/or sticker here**





**Details of registration and practice**

PRN : XXXXXXXXXX **fill out as indicated below IF you do not have any professional experience**  
 Qualification: RN1

Please list any nursing and/or midwifery experience since qualification.

<b>Name and address of employer</b>	<b>Area of practice and specific duties</b>
<b>Job title:</b>	<b>NO EXPERIENCE AFTER GRADUATION</b>
<b>Start date:</b> ___/___/___	
<b>Finish date:</b> ___/___/___	

<b>Name and address of employer</b>	<b>Area of practice and specific duties</b>
<b>Job title:</b>	
<b>Start date:</b> ___/___/___	
<b>Finish date:</b> ___/___/___	

<b>Name and address of employer</b>	<b>Area of practice and specific duties</b>
<b>Job title:</b>	
<b>Start date:</b> ___/___/___	
<b>Finish date:</b> ___/___/___	





Name and address of employer	Area of practice and specific duties
Job title:	
Start date: ___/___/___ Finish date: ___/___/___	

If you are currently residing in the United Kingdom, please indicate the date that you entered the country \_\_\_/\_\_\_/\_\_\_

### Registration or licensing authorities

Please supply details of all registration or licensing authorities with which you are registered.

	Original registration	All additional registrations (if applicable)
Name and address of registration authority	<b>Name and address of the Ordem dos Enfermeiros Agency where you registered, in Portuguese</b>	<b>Information from Nursing Councils of other countries you may be registered in</b>
Qualification	<b>General nurse</b>	
Date of registration	<b>Date when you registered in Portugal</b>	
Part of register	<b>YES</b>	
Registration number	<b>Portuguese nurse number</b>	

Have you ever been found guilty of any professional misconduct, suspended from another regulatory body's register, or issued with any cautions or conditions upon your registration? If yes, please give details below (use a separate sheet if necessary).

Yes  No

Signature Signature Date date of signature