

THE NURSING COUNCIL OF BARBADOS

(The Nurses Act (Act 2008-3))

FORM A

APPLICATION FOR REGISTRATION OR ENROLMENT

Mr. I, Mrs. Miss (Name in full) (nee (if married woman))

born on (date of birth) in (country of birth)

of (permanent address)

hereby apply to be registered/enrolled\*

as a

The following persons can serve as referees as to my character -

(1) (Name) (Address)

(2) (Name) (Address)

\*I passed the examination for nurse registration/enrolment

(state relevant examination)

on (date)

\*I attach my certificate of registration/enrolment\*

as

in (country)

Date

Signature

\*Delete whichever is inapplicable.

To: THE REGISTRAR,

We hereby certify that the Nursing Council of Barbados has examined the application of .....  
and is satisfied that the applicant is entitled to be registered/enrolled\* as a .....  
..... under the Nurses Act (Act 2008-3).

Dated the

day of

20

.....  
*Chairman of Council*

.....  
*Secretary*

I hereby certify that .....  
has been entered as No. .... in the Register/Roll\* of .....  
.....

.....  
*Registrar*

\*Delete whichever is inapplicable.