

THE NURSING AND MIDWIFERY COUNCIL OF CYPRUS
THE NURSING AND MIDWIFERY LAWS
No. 214/1988 – 30(I)2006

APPLICATION FOR REGISTRATION

PART 1

A] PERSONAL DETAILS (please use capital letters)

- NAME
- SURNAME
- MAIDEN NAME (for married women)
- NATIONALITY
- IDENTITY CARD NUMBER

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- PASSPORT NUMBER

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- DATE OF BIRTH

<i>Day</i>	<i>Month</i>	<i>Year</i>							

Please tick appropriate box

MALE FEMALE

B] POSTAL ADDRESS TO BE USED BY THE COUNCIL (please complete all details)

Name and surname:

Name of Street:.....

Municipality / Village:

Postal Code: Town:

Telephone Number/s: Home:.....

Office:

Mobile:

Electronic address:@.....

PART 2

REGISTRATION ON ONE PART OF THE REGISTER

(Tick as appropriate)

1	Nursing Register	Part I General Nursing	
		Part II Psychiatric Nursing	
2	Midwifery Register		

PART 3

ACADEMIC / PROFESSIONAL EDUCATION

Year commenced / finished
Day /month /year–day/ month/year

a)							
b)							
c)							

NAME AND FULL ADDRESS OF NURSING SCHOOL / UNIVERSITY

.....
.....

Period of nursing education: From: To:

Type of educational programme:

Diploma Degree Other

All the above information must be backed up with certified photocopies of certificates/diplomas/degrees, all of which should be translated in the Greek or English language by the competent authority of the country of origin or the Press Information Office of the Republic of Cyprus

PART 4

A. Criminal Record

Certificate of a criminal record (please enclose)

B. Certificate of nursing experience from last employer

C. Certificate of employment (please enclose)
(For non E.U citizens only)

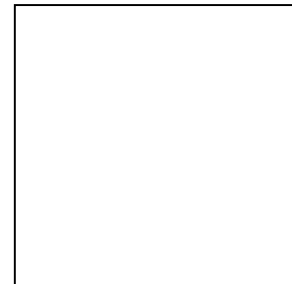
For all applicants:

1. I declare that all the above details are accurate and true.
2. In the case of my registration I undertake to comply with all the current rules and regulations
3. I also undertake (enclosing copies of certificates/diplomas/degrees) to inform the Council in the event that I obtain any further qualifications, in Cyprus or abroad.

PHOTOGRAPH

Signature of applicant:

Date



FOR OFFICIAL USE ONLY

Date received:

Name of recipient

Signature of recipient.....

Comments:

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.....
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.....
.....

THE NURSING AND MIDWIFERY COUNCIL OF CYPRUS

**THE NURSING AND MIDWIFERY LAWS
No. 214/1988 – 30(I)2006**

GUIDELINES FOR THE COMPLETION OF THE APPLICATION FORM FOR REGISTRATION

Registration is compulsory for nurses and midwives who wish to practice as General Nurses, Mental Health Nurses or as Midwives in the Republic of Cyprus.

Please read the registration form carefully and follow the instructions. If your application form is not completed appropriately, it will be returned to you and will not be processed until it is corrected.

For any required information or queries you may have concerning the completion of the registration form, you may contact the Registrar of the Nursing and Midwifery Council at the Ministry of Health at the telephone numbers: 22 605403 or by electronic mail: nursingservices@moh.gov.cy

Your completed application form should be sent to the Registrar of the Nursing and Midwifery Council, Ministry of Health, 1 Prodromou Street, 1095, Nicosia, Cyprus.

A. FOR ALL APPLICANTS

1. An appropriately completed registration form is required, along with:
2. A certificate/diploma/degree in Nursing or Midwifery
3. A valid certification of registration according to the Nursing and Midwifery Law of your country
4. Letter of reference from last employer
5. Two passport size photographs
6. Photocopy of page from passport consisting of photograph and personal details.
7. A certified free criminal record, the date of which has not surpassed 3 months from the submission date of your application for registration.
8. Certificate of Current Professional Status

B. ADDITIONAL INFORMATION FOR APPLICANTS (NON E.U.CITIZENS)

1. A certification of employment from a Greek Cypriot employer.
2. A detailed analysis of your nursing education showing the hours of theory and practice by specialty.

3. A School leaving certificate or a certificate of 10 years of basic education.
4. For registration as a **midwife**, apart from a certificate/diploma or degree in midwifery, a detailed analysis of your educational programme showing hours of theory and practice by specialty is required as well as a certificate of your practical and clinical teaching of midwifery.

Please note:

All documents; certificates/diplomas/degrees must be certified copies and, where necessary, translated into the Greek or English language by the competent authority of the country of origin of the applicant or by the Public Information Office of the Republic of Cyprus.