



**Request for Verification of Registration to be sent to another Nursing
and/or Midwifery Regulatory Authority**

SECTION 1 – APPLICANT DETAILS

Surname:		Given Names:	
Previous Name (if applicable):		Registration Number:	
Place of Birth:		Date of Birth:	
Work:	Home:	Mobile:	Email:
Postal Address:		Residential Address:	

SECTION 2 – DETAILS OF REGISTRATION

Category of Registration e.g. Registered nurse	Registration Number	Date of Initial Registration	Expiry Date of Registration
		/ /	/ /
		/ /	/ /
		/ /	/ /

SECTION 3 – EDUCATIONAL QUALIFICATIONS

Qualification	Institution & Location	Date Completed
		/ /
		/ /
		/ /

