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**Council for Nurses and Midwives
Outpatients Dept. Level 1
St. Luke's Hospital
G'Mangia
Malta
Telephone Number: (356) 2595 3305**

Application for the issue of the nursing license

Fill all sections in this form with Blue or Black ink

Surname _____ Name _____

Address _____

Email _____

Telephone Numbers:

Home: _____ Work: _____ Mobile: _____

Passport or Identity Card Number: _____ Nationality: _____

Date of Registration: _____ Registration number: _____ =

Nursing Qualifications: Degree _____ Other _____ (specify)

Please tick appropriately

Years of working experience: _____ (backed by a GP47)

I bind myself to inform the Council of any changes regarding the information given within one week of its occurrence

Signature: _____ Date: _____
