GUIDELINES FOR EU CITIZENS TO REGISTER WITH THE COUNCIL FOR NURSES AND MIDWIVES OF MALTA

Section One

Introduction

These guidelines explain the process and requirements of registration of nurses with the Council for Nurses and Midwives (CNM) of Malta, as First Level Nurses and Midwives in terms of Chapter 464 of the Laws of Malta.

Inclusive Criteria

1. The applicant must satisfy the criteria as stipulated in the Health Care Professions Act (HCPA)
2. The applicant must be of good moral character and shall provide a recent police conduct certificate/report which should show that s/he has a clean conduct and at least one reference showing that applicant is of good moral character
3. The applicant may be Maltese or of any other EU member state legally entitled or authorized to work in Malta
4. The applicant must apply for registration by means of the CNM’s latest application form (page 6)
5. The applicant must abide by the guidelines, failure to do so will result in not initiating the application process. Any expenses will be incurred by the applicant
6. Applicants should be legally entitled or authorized to work in Malta.
7. Applicants shall have good communication skills in at least the English language, wherein both the verbal and the written skills are a must.

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Criteria which exclude Registration

2. A criminal record excludes the applicant of being registered
3. Non-Proficiency of the Maltese language is not an exclusive criteria.

Section Two

The Process

1. Eligibility for registration is determined primarily on the basis of the documents submitted to the CNM. At this stage qualifications and training are reviewed and considered in view of
   (b) According to the Relevant criteria stipulated for the individual registers for Nurses and Midwives

   The applicant must submit all the documents indicated in this section along with the appropriate application form in order for the application to be processed.

   Copies of any documents submitted must be authenticated by a lawyer or public notary, showing full name, address and signature. Applicants sending their application from abroad should also have the documents that have been authenticated signed by the Department of Foreign Affairs.

   Documents handed are not returned.

   Registration with CNM – EU APPLICANTS

   CNM reserves the right to refuse considering any applications that do not observe the process for registration as explained.

2. Documents submitted must be in the Maltese or English language. Documents that are in a different language must be translated to English or Maltese and both sets of documents must be submitted together. Documents to be submit include the following:-

   (a) The appropriate application form, that is form A must be filled completely and be legible
   (b) 1 Passport sized photo to be attached to application form
   (c) A transcript of nursing / midwifery studies endorsed by the
educative authority where studies were followed. The transcript must clearly explain the number of hours followed in theory and practice.

(d) The Degree or Diploma certificate of the study course undertaken
(e) A document from a national competent health/education authority, stating that the training is in conformity with EU Directives 2005/36
(f) IELTS certificate with an average score of at least 6 or Occupational English Test (OET) level B or certificate of Ordinary level in the English Language Level B.
(g) Verification certificate of current registration and good conduct certificate from your original registering body/competent authority, issued not earlier than three months of application date
(h) A police conduct certificate issued not earlier than three months prior to the submission of the application
(i) A birth certificate
(j) Reference letters indicating the dates of years worked as a nurse (if one has worked in more than one hospital, more than one letter should be submitted)
(k) Copy of passport or ID card
(l) Curriculum Vitae
(m) Receipt of the relevant fee of 13.20 euros. (Kindly read section 9 of this section for the method of payment).

3. Applicants who have just completed a degree or diploma course pursued at the Institute of Health Care Malta and/or finished the Conversion Course held by the Department of Health have to submit the application form and police conduct certificate and certificate of their studies together with fee of 13.20 euros.

4. Visiting Nurses who come to Malta as a Visiting Team must submit a copies of effective Registration certificates and passport or Identity Card.

5. It is normal practice when assessing registration that an application is not considered further when applicant is asked to produce further documentation and fails to do so within 3 months from date such documents have been requested. Should an applicant be requested, during the assessment of his/her application, to submit further documents and fails to comply within three months from the date such documents have been requested, it is normal practice for the relative application not to be considered further.

6. When all the requested documents are submitted, the application is forwarded on to the designated sub-committee, who will in turn forward their recommendation to the CNM.

7. The Council will only communicate with the applicants. No information will be given to third parties, including agencies unless written consent is provided.

8. Applications which do not contain a full set of documents together with the prescribed Form duly filled in, as above indicated shall not
be processed. Copies of any documents submitted must be authenticated by a legal person i.e. a lawyer or a notary public. All the documents submitted with the application will become the property of the Council and cannot be retrievable by the applicant.

9. The Council for Nurses and Midwives of Malta reserves the right to refuse an application.

**Methods of Payment**

In terms of Legal Notice 178/2008, the registration fee for EU citizens should be Euros 13.20. No applications will be accepted without the relative registration fee. Payments may be effected either personally upon submitting the application form to the Registrar of the Council for Nurses and Midwives, or through a bank transfer in favour of the Council for Nurses and Midwives quoting account number 8203 8304 G02. Cheques, both local and foreign, should be issued in favour of the Council for Nurses and Midwives of Malta.

Bank Transfers should be forwarded to:

- Bank Name: Central Bank of Malta
- Account Number: 40001EURCMG5001H
- IBAN: MT55MALT011000040001EURCMG5001H
- BIC: MALTMTMT

Applicants have to send the bank statement showing that the transfer was successful and if possible the receipt of payment. Any bank charges or any other charges are to be incurred by the applicant. Receipts are only valid for three months as shown on the date of the receipt or bank statement. If three months from this date have elapsed, applicants have to effect payment again.

Registration fees are invariably not refundable.

**General Information**

If the applicant is not eligible for registration he or she shall be notified without unnecessary delay.

If the applicant is eligible for registration he or she shall also be notified without unnecessary delay. These applicants may be required to progress to the second phase of the application process, namely a language and professional proficiency test which is carried out through an interview.

In terms of the Health Care Professions Act (464) article 24 (3), the Council for Nurses and Midwives shall keep separate registers for nurses who are not citizens of Malta or citizens of a Member State, for a period not exceeding two years and subject to any condition as the Council for Nurses and Midwives may deem necessary.
List of documents required on submitting an application with the Council for Nurses and Midwives of Malta

1. Application form (8. a)
2. Transcript (8. b))
3. Birth certificate (8. c)
4. Professional Certificates / Diplomas (8. d)
5. Passport document (8. e)
6. Curriculum Vitae in English (8. f)
7. IETLS certificate or O Level Certificate
8. Police conduct certificate (8. f)
9. Reference letter (8. h)
10. Verification certificate (8. i)
   (Registration and Good Standing certificate)
11. Receipt received (8. j))
12. Log book of births in the case of Midwives (8. k)

____________________________________

NOTES
Application for Registration as a Nurse

Surname ___________________________  Full Name _______________________
Maiden Surname _____________________  Status __________________________
Address  ______________________________________________________________
          ______________________________________________________________
Telephone Numbers:  _____________________________________________________
E-Mail Address:  _________________________________________________________
Passport or Identity Card Number:  _________________________________________
Date of Birth: __ / __ / ___  Status:____________  Nationality: __________________
Qualification:  __________________________________________________________
Name of Educational Institute:  _____________________________________________
Address of Educational Institute:  ___________________________________________
          ________________________________________________________________
Date course was commenced: _______________  Date of Qualification: __________
Professional Registration Authority:  _________________________________________
Address of Professional Registration Authority:  _____________________________
          ________________________________________________________________
          ________________________________________________________________

Please Affix Photo Here
Are you registered or have you applied for registration with another Health Care Professions’ Council? If in the affirmative, kindly give details: ______________________________

Do you hold a valid work permit for the Maltese islands? ______________________________

If not, have you applied for one? ___________ When: ______________________________

DECLARATION OF APPLICANT

I bind myself and declare that in the event of being registered to the Code of Ethics for Nurses and Midwives and any instructions or directives that may be issued by CNM during the currency of my registration.

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

I declare that the information given is accurate and complete as per the Registration Guidelines.

Signature: __________________________ Date: ___________

Please ensure that all the requested documents are attached, as your application will not be considered without them.

Disclaimer: Information Protected - personal information provided on this form is protected and used in accordance with the Data Protection Act (Cap 440 of the laws of Malta) & Health Care Professions Act (Cap 464 of the Laws of Malta)
Application for Registration as a Midwife

Surname ___________________________ Full Name _______________________
Maiden Surname _____________________ Status __________________________
Address __________________________________________________________________
________________________________________________________________________
Telephone Numbers: __________________________________________________________________
E-Mail Address: ____________________________________________________________________
Passport or Identity Card Number: __________________________________________________________________
Date of Birth: __ / __ / ___ Status: ____________ Nationality: _______________________
Qualification: _______________________________________________________________________
Name of Educational Institute: ___________________________________________________________________
Address of Educational Institute: ___________________________________________________________________
____________________________________________________________________________________
Date course was commenced: _______________ Date of Qualification: _______________
Professional Registration Authority: ___________________________________________________________________
Address of Professional Registration Authority: ___________________________________________________________________
Are you registered or have you applied for registration with another Health Care Professions’ Council? If in the affirmative, kindly give details ________________________________

Do you hold a valid work permit for the Maltese islands? ________________________________

If not, have you applied for one? ___________ When: ________________________________

DECLARATION OF APPLICANT

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