



Diploma (D3) NURSE REFERENCE FORM

Nurse's Name : _____
Place & Date of Birth : _____
Address : _____

A. EDUCATION EXPERIENCES

I. Diploma Three

Nursing Academy : _____
Month / Year Month / Year
Date of Training : From : _____ Until : _____

SUBJECT *)	HOURS OF THEORETICAL INSTRUCTION *)	HOURS OF CLINICAL WORK *)
Medical Nursing	In excess of _____ hours	In excess of _____ hours
Surgical Nursing	In excess of _____ hours	In excess of _____ hours
Pediatric Nursing	In excess of _____ hours	In excess of _____ hours
Mental Health / Psychiatric Nursing	In excess of _____ hours	In excess of _____ hours
Midwifery / Maternal & Neonatal Nursing	In excess of _____ hours	In excess of _____ hours
Emergency Nursing	In excess of _____ hours	In excess of _____ hours
Other / Lecturer	In excess of _____ hours	In excess of _____ hours

*) for official (RIM) use only

Course Specialized / Post Degree

<u>Course Specialized / Post Degree</u>	<u>Date Completed</u>	<u>Place</u>	<u>Period of Course</u>
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B. WORKING EXPERIENCES, Experiences Since Graduation :

1. Name of Hospital / Employer

Name of Hospital / Employer : _____

Month / Year

Month / Year

Employment Date : From : _____ Until : _____

Specialty / Ward : Medical Surgical Emergency ICU NICU
 Obstetric & Gynecology Operating Theatre Other _____

Note: A valid Letter of Reference from employer must be attached

SUBJECT *)	HOURS OF THEORETICAL INSTRUCTION *)	HOURS OF CLINICAL WORK *)
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Other / Lecturer	In excess of _____ hours	In excess of _____ hours

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2. Name of Hospital / Employer

Name of Hospital / Employer : _____

Month / Year

Month / Year

Employment Date : From : _____ Until : _____

Specialty : Medical Surgical Emergency ICU NICU
 Obstetric & Gynecology Operating Theatre Other _____

Note: A valid Letter of Reference from employer must be attached

SUBJECT *)	HOURS OF THEORETICAL INSTRUCTION *)	HOURS OF CLINICAL WORK *)
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3. Name of Hospital / Employer

Name of Hospital / Employer : _____

Month / Year

Month / Year

Employment Date : From : _____ Until : _____

Specialty : Medical Surgical Emergency ICU NICU
 Obstetric & Gynecology Operating Theatre Other _____

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DECLARATION

I, (full name).....

the above named applicant, hereby declare that the particulars stated in this application are true and correct and the documents attached are documents which relate to me.

I have not at any time been found guilty of an offence involving fraud, dishonesty or moral turpitude or an offence punishable with imprisonment, whether in itself only or in addition to or in lieu of a fine.

Date

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Signature of Applicant