



## D3 to Skep (BSN) NURSE REFERENCE FORM

Nurse's Name : \_\_\_\_\_  
Place & Date of Birth : \_\_\_\_\_  
Address : \_\_\_\_\_

### A. EDUCATION EXPERIENCES

#### I. Diploma Three to Bachelor Science of Nursing

##### II. 1. Diploma Three

Nursing Academy : \_\_\_\_\_  
Date of Training : From : \_\_\_\_\_ Month / Year Until : \_\_\_\_\_ Month / Year

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

##### II. 2. Bachelor Science of Nursing

University : \_\_\_\_\_  
Date of Training : From : \_\_\_\_\_ Month / Year Until : \_\_\_\_\_ Month / Year

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

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**II. 3. NERS**

University : \_\_\_\_\_  
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

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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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Pediatric Nursing	In excess of _____ hours	In excess of _____ hours
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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

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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 *)
Medical Nursing	In excess of hours	In excess of hours
Surgical Nursing	In excess of hours	In excess of hours
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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

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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 \_\_\_\_\_

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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### 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 .....  
 Signature of Applicant