

Nurses and Midwives (Amendment) Regulations 2002

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No. S 206

NURSES AND MIDWIVES ACT (CHAPTER 209)

NURSES AND MIDWIVES (AMENDMENT) REGULATIONS 2002

In exercise of the powers conferred by section 44(2)(k) of the Nurses and Midwives Act, the Singapore Nursing Board, with the approval of the Minister for Health, hereby makes the following Regulations:

Citation and commencement

1. These Regulations may be cited as the Nurses and Midwives (Amendment) Regulations 2002 and shall come into operation on 1st July 2002.

Amendment of Second Schedule

2. The Second Schedule to the Nurses and Midwives Regulations (Rg 1, 2002 Ed.) is amended —

(by deleting Forms 1 and 2 and substituting the following Forms:

a
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**NURSES AND MIDWIVES ACT
(CHAPTER 209)
NURSES AND MIDWIVES REGULATIONS**

APPLICATION FOR ADMISSION TO THE REGISTER OR ROLL UNDER SECTION 14

Application fee: \$30
Registration fee as indicated under type of registration/enrolment.

Please tick boxes below as applicable.

- Registered Nurse (\$30) Enrolled Nurse (\$20)
 Registered Nurse (Psychiatric) (\$30) Enrolled Nurse (Psychiatric) (\$20)
 Registered Midwife (\$20)

Please make the cheque payable to "Singapore Nursing Board",
16 College Road, #01-01, College of Medicine Building, Singapore 169854.
(FEES ARE NOT REFUNDABLE)

FOR OFFICIAL USE

Application Fee \$ _____
Receipt No. _____ Date _____
Registration/Enrolment Fee \$ _____
Receipt No. _____ Date _____
Practising Certificate Fee For _____ \$ _____
Receipt No. _____ Date _____
Cheque No. (if applicable) _____
Regn/Enrol. No. _____
Date of Regn/Enrol _____
 Pro Full Temp Cond Regn/Enrol
A _____ / N _____ A _____
Name of Approving Officer Signature of Approving Officer & Date

PART I – PARTICULARS OF APPLICANT (To be completed by applicant)

Full Name (as it appears on NRIC/Passport/Registration/Enrolment certificate) (IN BLOCK LETTERS)

NRIC/Passport No _____ Type of NRIC <input type="checkbox"/> S'pore Pink <input type="checkbox"/> S'pore Blue		Singapore Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No Year Obtained _____	/ / Date of Birth (D/M/Y) _____ Country of Birth _____ Nationality	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Others
Race <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian/ Pakistani/ Sri Lankan <input type="checkbox"/> Eurasian <input type="checkbox"/> Caucasian <input type="checkbox"/> Others	Religion <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism <input type="checkbox"/> Islam <input type="checkbox"/> Sikhism <input type="checkbox"/> Free Thinker <input type="checkbox"/> Others	National Service <input type="checkbox"/> Not Applicable <input type="checkbox"/> National Service full-time (NSF) <input type="checkbox"/> NSman <input type="checkbox"/> Volunteer (PDF/Others)	Activity Status <input type="checkbox"/> Working full-time <input type="checkbox"/> Working part-time <input type="checkbox"/> Practising in other fields <input type="checkbox"/> Not working		

Highest Academic Level

- 'N' Level
- Other Higher School Leaving Certificate
- GCE 'O' Level Pass. Please specify no. of 'O' level passes _____
- GCE 'A' Level Pass including GP
- Trade Certificate (ITE)
- Diploma (Polytechnic)
- Tertiary and Above

Highest Academic Level Year Attained _____

Name of Institution of Practice in Singapore

Address of Practice in Singapore

_____ Postal Code

Date Employment Begins ____/____/____

Appointment Grade _____

Residential Address in Singapore

_____ Postal Code

Telephone No. (Residence) _____
(Singapore)

Telephone No. (Office) _____
(Singapore)

Email Address _____

DOCUMENTS REQUIRED

- (1) Letter of offer of employment if applicant is not a citizen or Permanent Resident of Singapore.
- (2) Certified copy of:
 - Registration/enrolment certificate from the country applicant was registered/enrolled (if any);
 - Training certificates;
 - Transcripts of Nursing Education (The transcript must show breakdown of theory in hours and record of clinical experience in hours. The original must be signed and officially stamped by the relevant institution);
 - Other registration certificates;
 - Work testimonials;
 - Marriage certificate/passport/birth certificate/NRIC where applicable.

(Above documents are to be certified as true copies of original certificates by the employer in Singapore)
- (3) Verification of registration/enrolment (to request original and current Registration licensing authorities to send verification directly to Registrar, Singapore Nursing Board, 16 College Road, #01-01, College of Medicine Building, Singapore 169854).
- (4) Verification of Nursing Education (to request training institution to send verification directly to Registrar, Singapore Nursing Board, 16 College Road, #01-01, College of Medicine Building, Singapore 169854).

* Delete as appropriate.