



ZANZIBAR NURSES AND MIDWIVES COUNCIL
APPLICATION FOR REGISTRATION AND LICENSE

1. Personal Information:

Full Names (Block letters):

.....
First Name Middle Name Last Name

Previous Names (If any)/Maiden: Sex:

Date of Birth: / / Nationality: Place of Birth:

Physical Address: Postal Address:

☐ Zanzibar ID ☐ National ID ☐ Passport ID: ID Number:

Mobile Number: Email address:

2. Employer Information:

Name and Address of Employer:

☐ Full Time ☐ Part Time

3. Work Station Information

Work station (Hospital/ PHCU+/PHCU/Private Hosp/Dispensary/Clinic/Org/NGO):

Zone ☐ Unguja ☐ Pemba District Name:

4. Educational Information

NAME OF TRAINING INSTITUTION	COUNTRY	LENGTH OF STUDY (Year From – Year To)	PROFESSIONAL AWARDED

Nurse Education Level		
Diploma/Advance Diploma / Postgraduate	Bachelor / Master / PhD	
<input type="checkbox"/> Nurse <input type="checkbox"/> Midwives <input type="checkbox"/> Community Health <input type="checkbox"/> Ophthalmic <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Anesthetic <input type="checkbox"/> Nurse Education/Tutor <input type="checkbox"/> Theater Management <input type="checkbox"/> Ophthalmic <input type="checkbox"/> Psychiatric <input type="checkbox"/> Others Specify	<input type="checkbox"/> BScN:	<input type="checkbox"/> PhD: (Specify).....
	<input type="checkbox"/> Master: (Specify)	Specify any other Degree/Diploma after your nursing course:

5. Nursing Association Information

Are you a member of Nursing Association? ☐ Yes ☐ No

Give the name of the Association and Card No. :

6. Registration and License Information (For Office Use Only)*

REGISTRATION / ENROLMENT DATE	REGISTRATION NUMBER	REGISTERED PART	LICENSE NUMBER	ISSUE DATE	EXPIRE DATE
Registered with Council As:					
<input type="checkbox"/> Part I for Nurses. <input type="checkbox"/> Part VI for Nurse Psychiatrist. <input type="checkbox"/> Part XI for any Other Nurses or Midwives not covered by the foregoing parts. <input type="checkbox"/> Part II for Midwives. <input type="checkbox"/> Part VII for Nurse Tutors. <input type="checkbox"/> Part III for Community Health Nurses. <input type="checkbox"/> Part VIII for Midwives Tutors. <input type="checkbox"/> Part IV for Ophthalmic. <input type="checkbox"/> Part IX for Nurse Operating Theater Nurses. <input type="checkbox"/> Part V for Pediatric. <input type="checkbox"/> Part X for All Advanced Nursing Practitioners.					

7. Declaration

Ideclare that the information given in this form is true to the best of my knowledge

Signature: Date:

Enclose Registration fee:

1. Registered nurses Tanzanians **Tsh 100,000/= and Non-citizen US\$150**
2. The amount to be paid at People Bank of Zanzibar, **Wizara ya Afya Revenue account number 0707968000**
3. **Wizara ya Afya Revenue USD account number 0708288000 (for Non citizen)***
4. **SWIFT CODE ATZTZ (Non citizen)**

Attachment:

1. Copy Zanzibar ID/National ID/Passport
2. Copy of Professional Awarded (**Diploma/Bachelor/Master/PhD**)
3. Copy of Birth Certificate
4. Form IV certificate
5. Copy of Previous License/Registration from respected Council (**for Non Citizen applicants**)
6. **Police Clearance report (for Non Citizen applicants)***
7. One recent colored passport size photographs
8. **Bank pay receipt from People Bank Zanzibar***
9. Copy of a membership card of Nursing Association/Midwifery Association (**if any**)

OFFICIAL USE ONLY

Approved/Not approved

Reason.....

Valid from.....Valid to.....

Signature of Chairperson.....Signature of Registrar.....

Date.....

Date.....

Send to: The Registrar

Zanzibar Nurses and Midwives Council

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Website: www.znmc.or.tz