



ZANZIBAR NURSES AND MIDWIVES COUNCIL

APPLICATION FOR RENEWAL OF LICENCE

1. Personal Information:

Full Names (Block letters):

Date of Birth: / / Sex:.. Address: Nationality:

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

Mobile Number: Email address:

Registration Number: License Number: Expired Date:

2. Employer Information:

Name and Address of Employer:

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3. Tick your current Work Station

Hospital: Name:

PHCU : Name:

NGO

Teaching School: Name:

CHMT : Name:

Self-Employment

☐ PHCU+: Name:

☐ Dispensary/Clinic: Name:

☐ Project

☐ MOH

☐ International organization

4. Current Work Zone and District

Zone ☐ Unguja ☐ Pemba

District Name:

5. Declaration

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

Signature: Date:

Mention long or short course attended for the last 3 years (please specify).....

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Enclose registration fee

NOTE:

It is a legal requirement to renew nurses' license after every three years.

- A fee of TShs. **50,000/=** for Registered Nurse shall be paid if the form is submitted before 31st December, of the year.
- A fee for registered Nurse of Non-citizen **US\$ 75**.
- A fee of TShs. **60,000/=** for Registered Nurse shall be paid if the form is late submitted between 01/01/ of the year – 30/6/ of year.
- The amount is payable at Zanzibar and Nurses Midwives Council account at People Bank of Zanzibar. **Wizara ya Afya Revenue account number 0707968000**
- SWIFT CODE ATZTZ (non-citizen).

Attachment

- Copy of Registration and License
- Copy of Zanzibar ID or National ID or Passport
- Copy of Professional award
- Copy of birth certificate
- Copy of any other professional awarded
- Bank payment receipt
- One recent colored passport size photograph

OFFICIAL USE ONLY

Approved/Not approved

Reason.....

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

Sign of chairperson.....

Sign of registrar.....

Date.....

Date.....

Send to: The Registrar

Zanzibar Nurses and Midwives Council

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Website: www.znmc.or.tz