

NURSES BOARD OF VICTORIA

Nurses Act 1993

APPLICATION FOR REGISTRATION

NOTES FOR COMPLETION OF THE APPLICATION FORM

1. Applications **must** include the following documents:
 - 1.1 Certificate, diploma or degree issued by School of Nursing/University/College
 - 1.2 Certificate of initial registration in the State/Territory (other than Victoria) or country in which nursing education was undertaken.
 - 1.3 Verification and evidence of current registration in the State/Territory or country where last practised.
A letter verifying current registration status must be sent directly from the registration authority to the Nurses Board of Victoria.
 - 1.4 Birth certificate.
 - 1.5 Marriage certificate (if applicable).
 - 1.6 Evidence of work experience within past five (5) years (if applicable).
 - 1.7 Transcript – clinical and theoretical content of program.

Documents certified as “true copies” by a person authorised to witness statutory declarations will be accepted in place of original documents (see attached list).

2. All sections of the form must be completed.
3. block letters should be used.
4. The fee of **\$80.00** to accompany form.
5. Please allow at least 21 working days for the processing of this application.

TO ASSIST IN QUICKER PROCESSING OF THE APPLICATION, COMPLETE THE FORM CORRECTLY AND PROVIDE ALL DOCUMENTATION REQUESTED.

CORRESPONDENCE TO CHIEF EXECUTIVE NURSES BOARD OF VICTORIA

POSTAL ADDRESS

GPO Box 4932
MELBOURNE VIC 3001
Australia

OFFICE ADDRESS

Level 2, 595 Little Collins Street
MELBOURNE VIC 3001
Website: www.nbv.org.au

REGISTRATION ENQUIRIES

Telephone (03) 8635 1222
Facsimile (03) 8635 1214
E-mail: registration@nbv.org.au

OFFICE HOURS 9.00am – 4.45pm MONDAY - FRIDAY

I HEREBY APPLY FOR REGISTRATION AS A NURSE UNDER THE *NURSES ACT* 1993

PERSONAL DETAILS

Title: Ms Miss Mrs Mr Other: _____
(Circle preferred title) Please specify

SURNAME: _____

GIVEN NAME(S): _____

PREVIOUS NAME(S): _____

DATE OF BIRTH: _____ / _____ / _____
DAY MONTH YEAR

COUNTRY OF BIRTH: _____ NATIONALITY: _____

POSTAL ADDRESS: _____

STATE: _____ POSTCODE: _____ TELEPHONE NO: (____) _____

INITIAL REGISTRATION AUTHORITY: _____

REGISTRATION NUMBER: _____ DATE OF REGISTRATION: _____

HAVE YOU PREVIOUSLY BEEN REGISTERED IN VICTORIA? **YES/NO** IF **YES** PROVIDE THE FOLLOWING INFORMATION

IDENTIFICATION NUMBER: _____ LIST DATE/S OF REGISTRATION: _____

IF REGISTERED IN OTHER STATES/TERRITORIES/COUNTRIES LIST THE PLACES AND DATES: _____

GENERAL EDUCATION COMPLETED: LEVEL: _____ DATE: _____

PROFESSIONAL QUALIFICATIONS

QUALIFICATION FORMING THE BASIS OF REGISTRATION	INSTITUTION WHERE COURSE UNDERTAKEN	STATE OR COUNTRY WHERE COURSE UNDERTAKEN	DATE OF COMMENCEMENT OF COURSE	DATE OF COMPLETION OF COURSE	NBV CODE
General nursing qualification					
Comprehensive nursing qualification					
Psychiatric nursing qualification (3 year program)					
Enrolled nurse qualification					