



South Sudan Nurses and Midwives Association (SSNAMA)

APPLICATION FORM

PLEASE USE BLOCK CAPITALS OR TYPE.

I hereby apply for membership of the South Sudan Nurses and Midwives Association. I am

Registered Nurse Registered Midwife Enrolled/ Certified Nurse
Community Midwife Enrolled/ Certified Midwife Nurse/Midwife
Associate member

SECTION A: REGISTRATION TYPE

Ordinal Registration.

Associate Registration

SECTION B: PERSONAL DETAILS

Title

Mr. Mrs. Miss. Ms. Dr. Others.

Full Names

Date of Birth:

Place of Birth:

Gender: Male Female

Marital Status: Single: Married: Divorced: Widowed: Religion:

Location of Origin

Country of Origin: Region of Origin:

State: County: Payam:

Location of Current Residence

Country of Residence: Region of Residence:

State: County: Payam:

SECTION C: CONTACT DETAILS

What are your Contact Details

Provide your current contact Details below and place next to your preferred Contact Phone

Number

Mobile phone (personal):

Office/business phone:

Email address

What is your **Residential Address**?

What is your **principal place of practice**?

The address at which you predominantly Practice the profession and it cannot be A P O Box

What is your **alternative address**?

Your mailing address is used for Postal correspondence

SECTION D: QUALIFICATIONS FOR THE PROFESSION

What are the details of your Degree) (Cert./Dip./First Degree) Qualifications and examinations / Assessments?

Primary Nursing/Midwifery qualification and examination/assessments?(Cert/Dip./First

Title of Qualification:

Name of Institution (University/College/Examination Body):

Country:

Commencement Date

Completion Date

Additional Nursing/Midwifery Post-Basic/Post-Grad qualification and examination/assessments Title of Qualification:

Name of Institution (University/College/Examination Body)

Country:

Commencement Date:

Completion Date:

SECTION E: REGISTRATION HISTORY

What is your health practitioner? Registration history

If you have been registered outside of Brunei Darussalam, the Board requires a Certificate Of Registration Status or Certificate/Letter of Good Standing from each licensing authority Outside of Brunei Darussalam in which you Are currently, or have previously been registered As a health practitioner during the past three years

Most recent registration

Name of Board/Council

Country:

Profession

Registration From

To

Name of Board/Council

Country:

Profession

Registration From To

SECTION F: WORK HISTORY

Have you previously practiced as
 A registered nurse, enrolled nurse
 Or Midwives? NO **Go to Section G: Suitability Statement**
 YES **Provide Details below**

What is your Full Practice History?
 You must attached to your application
 A signed and date Curriculum Vitae that
 Describes your full practice history
 And clinical or skill in training undertaken

Work Experience/ Employment History

| | Employer/Hospital | Position/Duties | Department |
|-------|--------------------------|------------------------|-------------------|
| From: | | | |
| To: | | | |
| From: | | | |
| To: | | | |
| From: | | | |
| To: | | | |

SECTION G: DECLARATION

Section G: Declaration

I Mr./Mrs./Miss.....hereby declare that to the best of my knowledge and belief the information provided above are true.

Signature of Applicant

Date

SECTION H: SUPPORTING DOCUMENT ATTACHED

| S/No | Support Documentation | Attached |
|------|--|--------------------------|
| 1 | South Sudan National ID Card if National | <input type="checkbox"/> |
| 2 | International Passport Copy (Associate Member) | <input type="checkbox"/> |
| 3 | Letter of Employment including date of employment (Associate Member) | <input type="checkbox"/> |
| 4 | Two (2) recent passport size photo (with name written at the back) | <input type="checkbox"/> |
| 5 | Professional Certificates (Nursing/Midwifery) | <input type="checkbox"/> |
| 6 | Additional Qualification Certificate (if any) | <input type="checkbox"/> |
| 7 | Certificate/License from Country of Origin / Practice (if any) | <input type="checkbox"/> |
| 8 | Other documents (if any) | <input type="checkbox"/> |

SECTION I: PAYMENT SYSTEM

| S/N | Purpose of the Payment | Amount in SSP |
|-----|---|-------------------|
| 1 | Registration Fee (Midwives and Nurses Per Year) | 650 SSP or 50 USD |

Payment to be made to Eden Commercial Bank
 Account name: South Sudan Nurses and Midwives
 Association
 Account number - SSP: 01021 0217 0018
 USD: 01022 0217 0029

**Only bank deposit slip can be accepted as
 evidence of payment**

SECTION J: BANK DETAILS

Payment and required attachment to:

Located at Juba College of Nursing and Midwifery

Or apply using our website

[Http://www.ssnama.org](http://www.ssnama.org)

**Juba Teaching Hospital
 Juba South Sudan**

Phone: +211 929 559 559
 Email: membership@ssnama.org

SECTION K: FOR OFFICE USE ONLY.

Date received

Payment Amount:

Amount Paid

Receipt No

Receipt Date

Processed By:

Approval Status: **Approved**

Rejected

Type of Registration endorsed by the Board: **Ordinal Membership**

Associate Membership

Comments

Approved By:

Signature and Stamp

Date: