

# **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*  
)

# “FORM 1

Regulation 5 (1)

## 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	<b>Singapore Permanent Resident</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Year Obtained _____	/ / Date of Birth (D/M/Y)  _____ Country of Birth  _____ Nationality	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Others
<b>Race</b> <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	<b>Religion</b> <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	<b>National Service</b> <input type="checkbox"/> Not Applicable <input type="checkbox"/> National Service full-time (NSF) <input type="checkbox"/> NSman <input type="checkbox"/> Volunteer (PDF/Others)	<b>Activity Status</b> <input type="checkbox"/> Working full-time <input type="checkbox"/> Working part-time <input type="checkbox"/> Practising in other fields <input type="checkbox"/> Not working	

<b>Highest Academic Level</b>		
<input type="checkbox"/> 'N' Level	<input type="checkbox"/> Trade Certificate (ITE)	Highest Academic Level Year Attained _____
<input type="checkbox"/> Other Higher School Leaving Certificate	<input type="checkbox"/> Diploma (Polytechnic)	
<input type="checkbox"/> GCE 'O' Level Pass. Please specify no. of 'O' level passes _____	<input type="checkbox"/> Tertiary and Above	
<input type="checkbox"/> GCE 'A' Level Pass including GP		

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Name of Institution of Practice in Singapore \_\_\_\_\_

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Address of Practice in Singapore \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

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Date Employment Begins \_\_\_\_/\_\_\_\_/\_\_\_\_ Appointment Grade \_\_\_\_\_

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Residential Address in Singapore \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

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Telephone No. (Residence) \_\_\_\_\_ Telephone No. (Office) \_\_\_\_\_  
 (Singapore) (Singapore)

Email Address \_\_\_\_\_

For Temporary Registration Only

☐ HMDP ☐ CAEP ☐ Trainee ☐ Teaching ☐ Research ☐ Voluntary ☐ Others

Join Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PROFESSIONAL NURSING QUALIFICATIONS**

Professional Qualifications	Name and Address of Training Institutions	Country	Duration (in months)	Year Qualified

**WORKING EXPERIENCE (for past 5 years)**

Appointment Grade (RN/EN/MW)	Name and Address of Institutions of Practice	From (D/M/Y)	To (D/M/Y)

**PART II DECLARATION**

1	Have you ever been or are you currently the subject of an inquiry or an investigation by any licensing or health authority in Singapore or elsewhere involving an allegation of professional misconduct or any improper conduct which brings disrepute to the nursing profession?	* Yes / No
2	Have you ever suffered or are you suffering from any physical or mental illness, which impairs your fitness to practise as a Registered Nurse/Registered Midwife/Enrolled Nurse?	* Yes / No
3	Have you ever been convicted in Singapore or elsewhere of any offence?	* Yes / No

Passport Size  
Photograph

I hereby declare that I am the person photographed and named in the documents attached and the particulars stated in this application. I also declare that the information given in this application form and supporting documents submitted are true to the best of my knowledge and belief.

I am further prepared to produce such evidence as the Board may require to establish my identity and good character and to undergo any examination upon any subject or subjects which the Board may consider necessary.

Signature

Date

#### 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.