SECOND SCHEDULE

FORM OF STATEMENT IN WRITING FOR THE PURPOSES OF SECTION 7 (2) OF THE ACT.

Name of Agency .....

Address of Agency .....

To ..... Name ..... (Address)

This is to inform you that (Miss) (Mrs.) (Mr.).....

(name of person supplied), who has been instructed to report to you on.....

to act as a nurse*/midwife*, is :—

(*a*) A state registered nurse on the following part(s) of the register*

.....

(*b*) an enrolled assistant nurse*

(*c*) a state certified midwife*

(*d*) on the following part(s) of the list kept under section 18 of the Act *

.....

(*e*) qualified as a.....*

.....(*Signature*)

.....(*Qualifications and position held*)

.....(*Date*)

* Delete as appropriate. If a person supplied falls in category (*a*) or (*d*) the part or parts of the register or list which he or she is on must be stated. If the person falls in category (*e*) his or her nursing or midwifery qualifications must be indicated.

Nurses Act (Northern Ireland), 1946

Commencement

ORDER, DATED 28TH JANUARY, 1950, MADE BY THE MINISTRY OF HEALTH AND LOCAL GOVERNMENT UNDER SECTIONS 6 AND 12 OF THE NURSES ACT (NORTHERN IRELAND), 1946.

1950. No. 16

The Ministry of Health and Local Government for Northern Ireland, in exercise of the powers conferred on it by Sections six and twelve of the Nurses Act (Northern Ireland), 1946, in this Order referred to as " the Act ", and of all other powers enabling it in that behalf, hereby orders as follows :—

1.—(1) This Order may be cited as the Nurses Act (Northern Ireland), 1946 (Commencement) Order, 1950.