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Uganda Nurses and Midwives Council  
Ministry of Health  
P. O. Box 4046  
Kampala  
Uganda

**To The Registrar**  
Dear Sir,

**APPLICATION FOR REGISTRATION/ENROLMENT TO PRACTICE (FOREIGN TRAINED)**

Please accept this as my application for enrolment with the UNMC in accordance with the Uganda Nurses and Midwives Act, 1996, Part V, Section 24 Clause (i, ii).

Please accept this as my application for registration with the UNMC in accordance with the Uganda Nurses and Midwives Act, 1996, Part V, Section 24 Clause (i, ii).

1. Midwife ( )    3. Comprehensive Nurse ( )    5. Paediatric Nurse ( )    7. BSc Nurse ( )  
2. Nurse ( )    4. Mental Health Nurse ( )    6. Public Health Nurse ( )    8. Tutor ( )

**PLEASE PRINT CLEARLY AS THESE DETAILS ARE USED TO PREPARE YOUR CERTIFICATE OF REGISTRATION/ENROLMENT (USE BLOCK LETTERS)**

NB Initials should not be used.

Surname ..... Other names .....

Nationality..... Date of birth..... Sex.....

Tel.No..... Permanent Postal Address.....

Next of Kin.....Contact.....

**PERMENENT HOME ADDRESS**

Village/Town ..... Parish..... County.....

District..... Zip Post code ..... Country.....

Qualification.....

Training School.....

Date of Commencement of Training..... Date of Qualification.....

Fees paid: US\$150.

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

Yours faithfully,

Signature..... Date.....

Your certificate will be available for collection after 2 months. Please collect in person with your receipt and your school ID.

**OFFICIAL USE ONLY**

Registration/Enrolment Number.....Date.....