

	[Initial in each Column, or leave blank.]	
	Instruction.	Practice.
SURGICAL NURSING— <i>continued.</i>		
Surgical emergencies— <i>continued.</i>		
Insensibility
Delirium
Preparation for—		
Intravenous transfusion
Lumbar puncture
Blood cultures
Paracentesis
Hypodermoclysis
Artificial respiration
Anæsthesia : General, local, spinal
ELEMENTARY HYGIENE.		
Air : Composition, ventilation
Food : Classification, dietaries
PERSONAL HYGIENE.		

I certify the above statement to be correct.

Signature of Candidate :

Signature :, Medical Officer of Training-school.

Signature :, Matron of the Training-school.

Form No. 3.]

[Reg. 13(2).

The Nurses and Midwives Registration Act, 1925.

APPLICATION FOR REGISTRATION BY PERSON TRAINED ELSEWHERE
THAN IN NEW ZEALAND.

(a) Any certificates forwarded with this application should be sent by registered post. They will be returned after they have been submitted to the Nurses and Midwives Registration Board.

(b) This form should be completed as directed, and signed by the applicant and posted to the Registrar, Nurses and Midwives Registration Board, Health Department, Wellington.

- | | | |
|--|----------|------------------|
| | Surname. | Christian Names. |
| 1. What is your name ? | | |
| 2. What is your present address ? | | |
| 3. Give the day, month, and year of your birth : | | |

Application.

I hereby apply for registration as a { (1) Nurse.
(2) Midwife.
(3) Maternity Nurse.

(Strike out the words not applicable.)

I underwent years months training in [Give hospital or training-school] from to , and passed an examination as a [nurse, midwife, or maternity nurse]. I attach copies of certificates, duly certified as correct copies by [Give name of medical practitioner, minister of religion, or Justice of the Peace certifying] in support of my claim for registration.

My place of abode is

Dated at this day of , 19 .

Signature :

[To be endorsed.]