

Theory.	Practice.
(9) Composition, structure, food-value, digestibility of meats. Different cuts and organs of use. Methods of extraction and retention of juices. General principles of carving.	Grills. Stews. Soup. Chicken — Baked, creamed, fricasseed, souffléed, jellied.
(10) Normal and unbalanced diets. Revision of general diets used. Diet to meet special mechanical and chemical needs.	Preparation, cooking, and serving of a complete dinner with a caloric estimation of the same.
(11) Special diets for sick children, malnutrition, rickets. Artificial methods of feeding.	Tray prepared.
(12) Diet in diseases of digestive system. Gastric ulcer, &c., with reference to special diets. Cardiac, goitre, and obesity.	Tray prepared.
(13) Diet in fevers. Slight infections—i.e., tonsillitis, pneumonia, tuberculosis. Special typhoid diets, including high caloric feeding; diet in convalescence.	Tray prepared.
(14) Dietetic treatment of diabetes. Accuracy and administration of insulin. Caloric estimation.	Specimen meals weighed, &c.
(15) Other special diets— (a) Diet in pernicious anæmia. Use of liver-extract and Ventriculin. (b) Ketogenic diet—e.g., epilepsy, pyelitis.	Raw-liver juice; liver sandwiches; curried liver, &c. Tray prepared.

SECOND SCHEDULE.

Form No. 1.]

[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 :

Form No. 2.]

[Reg. 13 (3).

The Nurses and Midwives Registration Act, 1925.

CERTIFICATE OF REGISTRATION.

THIS is to certify that _____ is registered as a nurse [or midwife, or maternity nurse, as the case may be], her name having been duly entered in the Register of Nurses [or of Midwives, or of Maternity Nurses, as the case may be] of New Zealand on the _____ day of _____, 19 _____.

Qualifications : _____ Number in Register : _____

Signature of holder :

Dated this _____ day of _____, 19 _____

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Registrar of Nurses and Midwives.