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**Council for Nurses and Midwives**

**Please  
Affix  
Photo  
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**FORM A – Application for Maltese and EU Citizens for:  
Registration as a Nurse on the First Part of the Register  
OR  
in Special Parts in respect of nurses trained in the different special areas**

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***Fill all sections in this form with Blue or Black ink***

Surname \_\_\_\_\_ Full Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Telephone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Passport or Identity Card Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth: \_\_ / \_\_ /19\_\_

Marital Status: \_\_\_\_\_

Nursing Qualifications: Degree \_\_\_\_\_ Diploma \_\_\_\_\_

Please tick appropriately

Are you registered or have you applied for registration with another Health Care Professions' Council? If yes, kindly give details \_\_\_\_\_

**DECLARATION OF APPLICANT**

I, the undersigned, declare that:

I, submit an application for my name to be entered in Part \_\_\_\_ (if in Special Parts in respect of nurses trained in the different special areas, please indicate which branch) \_\_\_\_\_ on the Register of Nurses kept by the Council of Nurses and Midwives (CNM). I promise that in the event of me being registered, and in consideration thereof, to be bound, and to conform in all respects to the Code of Ethics for Nurses and Midwives registered with the CNM, Malta.

I bind myself to inform the Council of any changes regarding the information given within one week of its occurrence

I declare that the information given is accurate and complete as per the Registration Guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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