



APPLICATION FORM FOR NCLEX REGISTRATION
(Only valid for Registered Nurse)

LAST NAME:	FIRST NAME:	MIDDLE NAME:
NATIONALITY:	SEX:	DATE OF BIRTH:
E-MAIL ADDRESS:	PRIMARY LANGUAGE:	CONTACT TEL NUMBER: MOBILE: WORK/HOME:
COLOUR OF EYES:	HEIGHT: FT: IN:	MOTHER'S MAIDEN NAME:
YOUR MAIDEN NAME:	ANOTHER LAST NAME LAST USED:	
ADDRESS AND POST CODE:		
NAME AND ADDRESS OF PROFESSIONAL REGISTERED NURSING SCHOOL: NAME OF THE SCHOOL: ADDRESS OF THE SCHOOL:		
GRADUATION DATE FROM NURSING PROGRAM: FROM: TO:		
HOW LONG HAVE YOU BEEN PRACTICING AS A REGISTERED NURSE?		
WHAT IS YOUR NURSING SPECIALITY?		
YOUR ENGLISH LEVEL OR SCORE: IELTS: TOFEL: OTHER: NONE:		
WHAT IS YOUR STATUS: (eg: STUDENT VISA, WORK PERMITE, OR OVERSEAS OUT OF UK)		
ARE YOU REGISTERED WITH JOB CONNECTIONS:(Please tick)	YES	NO
HAVE YOU EVEN TAKEN THE NCLEX EXAM BEFORE:	YES	NO
HAVE YOU EVEN TAKEN THE NCLEX EXAM TO QUALIFY FOR THE SAME LICENSE	YES	NO
DO YOU HAVE CGFNS CERTIFICATION IF YES, CGFNS CERTIFICATE NUMBER;	YES	NO