

OVERSEAS REGISTRATION APPLICATION REQUEST FORM



Bord Altranais agus
Cnáimhseachais na hÉireann
Nursing and Midwifery Board
of Ireland

This form should be completed if you are an overseas applicant and want to be registered with the Nursing and Midwifery Board of Ireland (NMBI)

Please read the following before completing this form

1. Read the Guide for Overseas Applicants which is available on our website, ww.NMBI.ie. It is available for download in the Registration/Trained outside Ireland section
2. Identify which Application Group (1, 2 or 3) applies to you (the Application Groups are explained in the guide)
3. If you are a Group 3 applicant, ensure you meet our English language competence requirement
4. **Remember that the assessment fee which must accompany this form is non refundable**
5. Complete all fields in the form in BLOCK CAPITAL letters

A

- ✓ Fill in your personal details
- ✓ Identify which divisions of NMBI's Register you wish to join

B

- ✓ This part should only be completed by Group 3 applicants
- ✓ TRF/OET number should be included
- ✓ If you do not have a TRF/OET number then you should NOT complete this form

C

- ✓ This section explains the fees due

D

- ✓ Complete Debit/Credit Card Mandate

Returning your form

- Check that you have returned all pages
- Failure to complete and provide signatures will result in a delay in processing your application

You should send the form to:

Overseas Registration,
Registration Department,
Nursing and Midwifery Board of Ireland (NMBI)
18/20 Carysfort Avenue,
Blackrock,
Co. Dublin,
Ireland.

Personal Data Statement

The personal data given below will be processed in accordance with the Data Protection Acts 1988 and 2003 (the "Acts"). By submitting this form, you agree to NMBI processing your personal data in accordance with the Acts and our Privacy Statement.

A Personal Details.

COUNTRY
(in which you trained as a nurse or midwife)

TITLE
(Miss/Ms/Mrs/Mr/other)

SURNAME
(per passport, if you do not have a passport, name as per birth certificate or marriage certificate)

FORENAME/S
(per passport, if you do not have a passport, name as per birth certificate or marriage certificate)

DATE OF BIRTH
D D M M Y Y Y Y

EMAIL ADDRESS

MOBILE NUMBER

CONTACT ADDRESS
(your own address or agency address)

I WISH TO APPLY FOR REGISTRATION IN THE FOLLOWING DIVISION(S).

GENERAL	<input type="checkbox"/>	MIDWIFERY	<input type="checkbox"/>	PSYCHIATRIC	<input type="checkbox"/>
INTELLECTUAL DISABILITY	<input type="checkbox"/>	CHILDREN'S	<input type="checkbox"/>	NURSE TUTOR	<input type="checkbox"/>
PUBLIC HEALTH	<input type="checkbox"/>				

SIGNATURE

DATE

B TRF/OET Number. To be completed only by Group 3 applicants

You will need to demonstrate that you meet the NMBI language requirements, if you are a Group 3 applicant and English is not your first language or primary language of expression.

Please supply your IELTS Academic Test Report Form (TRF) Number or OET Candidate Number.

Both numbers can be found on your IELTS Test Report Form **or** your OET Statement of Results

TRF NUMBER

OET CANDIDATE NUMBER

If you do not have a TRF/OET Candidate number then you should NOT complete this form.

C Overseas Application Request Fee.

All applicants must pay an assessment fee with Overseas Registration Application Request Form. The fee covers the cost of assessing your application, based on the information required in our Application Pack. **The assessment fee is non-refundable.**

The fee is as follows:

- €350 if you are applying for registration to NMBI for the first time. The Overseas Application Request Fee will cover the cost of applying for multiple divisions of the Register, if you apply for all divisions at the same time.

Those already on the Register who have trained outside Ireland and want to register additional divisions should not complete this form. Instead, they want to register additional divisions they need to logon to our website www.NMBI.ie through the My Account section and complete the Overseas Additional Divisions Form.

D The fee for application is explained above. Please fill out your Debit/Credit Card details.

I wish to pay:

€350 for Overseas Application Registration Fee

APPLICANT'S NAME ▶

By signing this form, I authorise the Nursing and Midwifery Board of Ireland to deduct the appropriate fee from my credit/debit card:

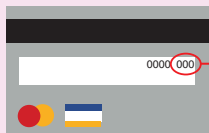
CARD TYPE ▶   

CARD NUMBER ▶

EXPIRY DATE ▶ /

CVV NUMBER ▶

(CVV Number is the three digit code on the back of the card in the top-right corner of the signature box as indicated below)



CVV number

CARD HOLDER NAME ▶
(as per card) ▶

SIGNATURE ▶
(of card holder)

For office use only: Reference No: _____

Transaction No: _____