



EXAMINATION REGISTRATION FORM

AFFIX
Coloured photo, in
uniform on white
background

A. INSTRUCTIONS

1. Write your Name clearly in capital letters and in the order of appearance on previous academic documents. (attach copy of previous academic document)
2. Attach 1 coloured passport size photograph on this form. (the photo must have a white background and student in uniform)
3. Diploma candidates should indicate whether they are Direct entrants, Extensors or E-learners.
4. This form **MUST** be authenticated by the training institution and Hospital where Necessary
5. Forms should be submitted to UNMEB Secretariat 1st week of March for June series and 1st week of September for December series of every year.
6. Proof of payment of examination registration fees per student should be attached
7. Non registered candidates do not qualify to sit examinations
8. All re-siting candidates should fill **TWO** forms. One for the continuing schedule and another for the retake schedule exam. All retaking candidates must submit fees for retake schedules.

B. STUDENT IDENTIFICATION

Training Institution: Sch. Code:

Surname: First Name: Other Name:

Sex: Date Of Birth (dd/mm/yyyy) Telephone:

Email: NSIN Number:

National Identification Number Passport Number:

Learner Identification Number: Student's Signature:

C. EXAMINATION REGISTRATION INFORMATION

Program:

Year Of Study: Semester:

Please Tick where Appropriate:

1 st Attempt	<input type="checkbox"/>	
2 nd Attempt	<input type="checkbox"/>	Papers:
3 rd Attempt	<input type="checkbox"/>	Papers:
4 th Attempt	<input type="checkbox"/>	Papers:

FOR OFFICIAL
(UNMEB) USE
ONLY

I certify that I have known and interacted with for a period of And that she is trustworthy and of good moral character.

Name: Signature Date:
Affix official stamp of the training Institution.

E: CONFIRMATION OF TRAINING COMPLETION (to be filled by midwifery/nursing tutor during the final semester)

I certify that has completed the coursein accordance with the training rules of the nurses and midwives during the period of consecutive calendar months.

Date of commencement Date of completion

PLEASE INDICATE IF THE CANDIDATE DID NOT COMPLETE IN THE OFFICIAL PROGRAM COMPLETION PERIOD

Completed in the official period (tick where appropriate) Yes OR No:

If no why (example referred for six/one year, dead year, sickness)

Signature of midwifery/Nurse Tutor Date:
Affix official stamp of the training Institution.

F. PRACTICAL FIELD PROGRESS REPORT (To be filled by the head of Nursing in the Hospital)

Student's Name:

Program:

Training school:

NSIN No:

Date of commencement of placement:

Date of completion:

Indicate the student's capability in the following areas

1.	Punctuality	
2.	Appearance	
3.	Verbal and Written reports	
4.	Records: Accuracy and tidiness	
5.	Ability to observe and assess a situation	
6.	Obedience – responds to instructions	
7.	Ability to apply knowledge of nursing skills	
8.	Ability to cope with emergencies	
9.	Ability to plan and organize	
10.	Ability to use initiative	
11.	Ability to control emotional reactions in the care of patient	
12.	Ability to work without direct supervision	
13.	Ability to respect the confidence and uphold the dignity of the patient	
14.	Sense of responsibility	
15.	Self confidence	
16.	Attitude to health education	
a	in the field	
b	in hospital and clinics	
c	towards families	
17.	Attitude to	
a	patients	
b	staff	
c	visitors	

Head of Nursing in the Hospital

Name: Title:

Signature Date: Stamp.....

G. SOFT SKILLS PROGRESSIVE ASSESSMET REPORT

Student's Name:

Programme:

Training School:

Date of Clinical Placement Commencement:

Date of Completion:

Indicate the Students capability in the following areas.

1.	Ability to communicate to :	
i	Patients	
ii	Clients	
iii	Visitors	
5	Good listening skills	
6	Empathy towards patients	
7	treatment to all pateints	
8	Flexibility – how she/he responds to instructions	
9	Respect to others	
10	Ability to work under stressful conditions	
11	Love for Nursing Profession	
12	Applies critical thinking	
13	Ability to build team spirit/work as a team	
14	Listening skills	
15	Confidentiality	
16	Receptiveness towards patients/staff	
17	Ability of being observant	
18	Being Time conscious	
19	Being careful and attending to details	
20	Open to learning	
21	Sense of humor	
22	Observes Honesty	

Name of incharge of at placement area

Signature: Date: Stamp: