NURSING PERSONNEL ACT

CHAPTER 29:53

Act
33 of 1960
Amended by
8 of 1963
10 of 1966
22 of 1970
8 of 2014
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### Note on Act No. 8 of 2014

By section 34 of Act No. 8 of 2014, where there is a reference to “the Nurses and Midwives Registration Act”, in any other law such reference shall be substituted with the words “the Nursing Personnel Act”.

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NURSING PERSONNEL ACT

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CHAPTER 29:53

NURSING PERSONNEL ACT

An Act to provide for the Registration and Regulation of Advanced Practice Nurses, Midwives, Nurses, Nurse Interns, Nursing Assistants and other recognised specialties and for matters connected therewith.

[21ST SEPTEMBER 1961]

PART 1

PRELIMINARY

1. This Act may be cited as the Nursing Personnel Act.

2. In this Act—
   “advanced practice nurse” means a person who is registered as an advanced practice nurse under section 17;
   “the Council” means the Nursing Council established by the Nurses Registration Ordinance (since repealed) and continued under this Act;
   “the Medical Board” means the Medical Board of Trinidad and Tobago;
   “Minister” means the Minister to whom responsibility for health is assigned;
   “nurse intern” means a person who is granted a Provisional Certificate under section 16A;
   “nurse-midwife” means a person who is registered both as a nurse and as a midwife under this Act;
   “nursing personnel” means an advanced practice nurse, a registered nurse, a nurse, a nurse intern, a midwife and a nursing assistant;
   “a recognised place of training” means a place of training or affiliated place of training referred to in section 40;
   “registered nurse” or “nurse” means a person who is registered as a nurse under section 17;
   “Registrar” means the Secretary of the Council.
3. (1) The Nursing Council established by the Nurses Registration Ordinance (repealed by this Act) shall continue to bear the name of “The Nursing Council of Trinidad and Tobago”, and by that name shall continue in existence as a body corporate with perpetual succession and a common seal.

(2) Subject to the provisions of this Act, the Council shall have and exercise disciplinary control, whether by way of imposition of fines or otherwise, over persons registered or enrolled as advanced practice nurses, nurse interns, nurses, midwives or nursing assistants under this Act.

(3) The Council shall be reconstituted in accordance with the provisions of section 4.

3A. The functions of the Council are to—

(a) open and maintain the registers or rolls required under this Act;

(b) register, enrol, certify or licence nursing personnel in accordance with this Act;

(c) determine, in collaboration with the Minister, the qualifications necessary for registration, enrolment, certification or licensing of nursing personnel;

(d) set standards for the education and practice of nursing personnel;

(e) develop a code of ethics and conduct for nursing personnel;

(f) monitor the adherence to, and investigate breaches of, standards and the code of ethics and conduct;

(g) promote the interest of the nursing and midwifery professions;

(h) advise the Minister on the requirements for securing continuing competence of the nursing personnel;

(i) advise the Minister with respect to amendments to the law relating to nursing personnel, as it considers necessary; and

(j) perform such other functions as may be conferred on it by this Act or any other written law.
3B. In exercise of its functions under section 3A, the Council shall have the power to—

(a) register or enrol nursing personnel;
(b) issue certificates or licences to nursing personnel;
(c) cancel certificates or revoke licences, where applicable, of nursing personnel;
(d) suspend or place conditions on the licence to practise;
(e) set standards for education and practice of nursing and midwifery in consultation with the Accreditation Council of Trinidad and Tobago;
(f) examine applicants as a prerequisite to initial registration;
(g) verify the authenticity of certificates and other documents in support of applications under this Act;
(h) establish such committees as are necessary for the discharge of the functions of the Council; and
(i) collect fees required to be paid under this Act.

4. Subject to section 4A, the Council shall comprise sixteen persons, as follows:

(a) six persons appointed by the Minister as follows:
   (i) an Attorney-at-law of not less than five years standing;
   (ii) a person with qualifications and experience in nursing administration;
   (iii) a person with qualifications and experience as a nursing educator;
   (iv) a person registered under this Act, nominated by the Tobago House of Assembly;
   (v) a representative of the Ministry; and
   (vi) a member of the public who is not an advanced practice nurse, midwife, nurse or nursing assistant; and

(b) nine persons elected as follows:
   (i) five nurses elected from among their own number by the persons who are registered as nurses under this Act at the date of the election;
(ii) one person elected from among their own number by the persons who are registered as midwives under this Act at the date of the election;

(iii) two persons elected from among their own number by the persons who are registered as mental health nurses under this Act at the date of the election; and

(iv) one person elected from among their own number by the persons who are enrolled as nursing assistants under this Act at the date of the election;

(c) the Chief Nursing Officer or his nominee who shall be an *ex officio* member.

4A. (1) Subject to subsection (2), the members of the Council holding office immediately before the commencement of the Nurses and Midwives Registration (Amendment) Act, 2014 shall continue to hold office for six months from the date of such commencement.

(2) The Council shall hold elections for members of a new council under section 4(b) within the six-month period specified under subsection (1).

(3) The Minister shall appoint persons under section 4(a), upon the expiration of the six-month period specified under subsection (1).

5. (1) Members of the Council other than the *ex officio* member shall hold office for three years but shall be eligible for reappointment or re-election.

(2) If the place of a member of the Council becomes vacant before the expiration of his term of office, whether by death, resignation or otherwise, the vacancy for the unexpired portion of his term shall be filled in accordance with the provisions of section 4.

(3) Where the vacant place is that of a person elected under section 4(b), the Council shall appoint to fill the vacancy the person who polled the highest number of votes among the
unsuccessful candidates at the election held for the purpose of the said section 4(b), who are available and willing and able to serve; and if there is no such person, the Council shall appoint such person as the Council thinks fit from among the persons eligible for election under the said section 4(b); and no proceedings of the Council shall be challenged on the ground that an appointment purporting to be made under this subsection is invalid.

(4) If it appears to the Council that any member is, by reason of illness, absent from Trinidad and Tobago, or for any other cause, unlikely to be able for some time to perform his duties as a member of the Council, the Council may declare the seat of the person to be temporarily vacant, and the temporary vacancy shall be filled, for the period of its duration, in accordance with subsection (2) with respect to the filling of vacancies.

(5) Subject to section 6 seven members shall constitute a quorum for meetings of the Council.

(6) The powers of the Council shall be exercisable notwithstanding any vacancy in its number or any defect with regard to the appointment of any of its members.

(7) The Council may constitute committees and delegate any of its duties or powers to the committees.

(8) A Committee may co-opt in respect of a matter to be dealt with by the committee, a suitable person to assist the Committee.

6. (Repealed by Act No. 8 of 2014).

7. (1) The Council shall elect from among its members a President, a Vice-President, a Treasurer, and such other officers as it thinks fit.

(2) The seal of the Council shall be authenticated by the signature of the President or the Vice-President and of the Registrar.

8. The Council may employ, at such salaries or remuneration as the Council may from time to time determine, a Registrar and such other staff as it thinks necessary for carrying out its duties and functions under this Act.
8A. (1) The Council shall employ, at such salary and remuneration as the Council may from time to time determine, a suitably qualified person to be the Registrar of the Council.

(2) Where the Council employs a person under subsection (1), the Council shall publish such appointment in the Gazette.

(3) The Registrar shall, on behalf of the Council—
(a) establish, keep and maintain Registers and Rolls required to be kept under the Act;
(b) issue certificates and licences;
(c) cancel certificates and suspend or revoke licences;
(d) add to and remove names from, the Registers and Rolls;
(e) receive fees required to be received under this Act; and
(f) keep open Registers and Rolls for public inspection at all times on payment of a prescribed fee.

(4) On the receipt of written instructions from the Council, the Registrar shall carry out his functions under subsection (3)(b), (c) and (d).

(5) Where the Council is empowered under this Act to—
(a) create a Register or Roll;
(b) issue certificates and licences;
(c) cancel certificates and suspend and revoke licences;
(d) add to, and remove names from, the Registers and Rolls; and
(e) receive fees,
the Registrar appointed under subsection (1), shall carry out such functions on its behalf.

9. Any expenses incurred by the Council in carrying this Act into effect, including expenses in connection with examinations under this Act and the travelling expenses of and sums paid as subsistence allowance to members of the Council shall be defrayed out of the sums received by the Council.
10. The accounts of the Council shall be audited to 31st December of each year, not later than 31st March in the ensuing year.

11. The Council shall make a report to the Minister not later than 30th June each year with respect to the administration of this Act for the preceding year ending 31st December, together with an audited statement of its accounts, and shall furnish to him such information as he may from time to time require respecting the conduct of its affairs and any other matters arising out of the administration of this Act.

12. The Council shall assist and advise the Minister on matters pertaining to nursing care for the sick and midwifery services in Trinidad and Tobago, and in particular on the establishment of a recruitment and training programme for the provision and maintenance of the care and of the services.

13. (Repealed by Act No. 8 of 2014).

14. (1) The Registers and the Rolls required to be kept under this Act shall be open to inspection at the office of the Council during the prescribed business hours on payment of the fee as may be prescribed.

(2) The Registers and the Rolls, or a copy or extract from any of them duly certified by the Registrar shall be prima facie evidence in all Courts and before all persons that the persons whose names are entered thereon are entitled to be registered or enrolled and are in fact registered or enrolled, as the case may be, and that any person whose name does not appear thereon is not registered or enrolled, as the case may be.

PART II

NURSES, ADVANCED PRACTICE NURSES AND NURSE INTERNS

15. (1) The Council shall keep for the purposes of this Part registers to be known as the Register of Nurses and the Register of Advanced Practice Nurses, on which it shall cause to be entered the names of all persons who are entitled to be registered as nurses or advanced practice nurses in accordance with this Act.
(2) The entry on the Register of Nurses or the Register of Advanced Practice Nurses shall show the date of the registration and the qualification upon which the registration is based.

(3) The Register of Nurses and Register of Advanced Practice Nurses may be divided or classified, according to the manner which the Council deems most appropriate, into male and female nurses, and into nurses qualified for general nursing or for such special classes or branches of nursing as the Council may from time to time specify.

(4) The Register of Advanced Practice Nurses shall contain the following particulars:
   (a) the name and address of the advanced practice nurse;
   (b) the area of specialisation;
   (c) the training, experience and qualification in the area of specialisation; and
   (d) the date of registration in the Register of Nurses.

(5) Any person whose name is not entered in the Register of Advanced Practice Nurses shall not hold himself out to be an advanced practice nurse.

(6) The name of an advanced practice nurse may appear on the Register of Midwives, the Register of Nurses and the Register of Advanced Practice Nurses.

(7) Where the Council cancels the registration of a midwife, a nurse or an advanced practice nurse under section 18, it shall, as applicable, remove the name of the midwife, the nurse or advanced practice nurse from the Register of Midwives, the Register of Nurses or the Register of Advanced Practice Nurses.

(8) Notwithstanding the removal by the Council of the name of a person from the Register of Advanced Practice Nurses, the Council may retain the name of the person on the Register of Nurses and the Register of Midwives.

16. (1) The names of all persons who are registered under the Nurses Registration Ordinance (repealed by this Act) as nurses immediately prior to the commencement of this Act shall be entered on the Register established under this Part of this Act.
without the need for application on the part of such persons; and pending the entry of their names on the Register, all such persons shall be deemed to be duly registered under this Act.

(2) Any person who has—
   (a) completed a course of training—
      (i) in a recognised place of training under section 40; or
      (ii) approved by the Accreditation Council under the Accreditation Council of Trinidad and Tobago Act; and
   (b) passed the examination prescribed by the Council or any other nursing examining body recognised by the Accreditation Council,
and who establishes to the Council’s satisfaction that he is a fit and proper person to be entered on the Register as a nurse, shall on making application to the Council and upon compliance with the requirements of this Act, be entitled to be registered.

(2A) Where the Council receives an application under subsection (1) it shall, within three months of such receipt consider the application and give such directions in respect of the application as it thinks fit.

(3) Any person who establishes to the satisfaction of the Council that he is registered or is registrable on the Register of the General Nursing Council of England and Wales and that he is a fit and proper person to be entered on the Register as a nurse shall, on making application to the Council and upon compliance with the requirements of this Act, be entitled to be registered.

(4) Where there is a reciprocal agreement concerning nurses between Trinidad and Tobago and any part of the Commonwealth or any foreign country, any person who establishes to the satisfaction of the Council that he is registered and entitled to practise nursing in such place and that he is a fit and proper person to be entered on the Register shall, on making application to the Council and upon compliance with the requirements of this Act, be entitled to be registered.

(5) Any person not entitled to be registered in accordance with subsection (1), (2), (3) or (4) who establishes to the satisfaction of the Council that he is a graduate in nursing from a
school that is recognised by the Council as providing a standard of training and examination not lower than that prescribed under this Act, and is registered and in good standing in the country, territory, State or province in which he graduated as a nurse, or in which he last practised as a nurse, and that he is a fit and proper person to be entered on the Register shall, on making application to the Council, and upon compliance with the requirements of this Act be entitled to be registered but the Council as a condition of registration may require that such person submit to and pass an examination prescribed by the Council.

(6) Where the Council is satisfied that a person, although not qualified to be registered as a nurse under this Act, has undergone such a degree of training as in the opinion of the Council renders such a course expedient, the Council may, upon the application of the person, direct that the person shall be exempted from such portion of the prescribed course of training or from such portion of the examination as the Council thinks fit, or that the person shall be registered upon compliance with such conditions as to training and to the passing of examinations as the Council thinks fit.

(7) In determining if a person is a fit and proper person under this section, the Council shall consider if he—

(a) is of good character;
(b) is mentally and physically capable of performing satisfactorily, the duties of a nurse; and
(c) has the ability to understand, read and speak English.

16A. (1) Subject to this section where, after January 1, 2008, a person has acquired a degree or diploma from a recognised place of training, such person shall be entitled to be granted a provisional certificate by the Council for a period of four years in the first instance.

(2) A person who is granted a provisional certificate under this section shall be referred to as a “nurse intern”.

(3) A provisional certificate granted under subsection (1) shall entitle the holder thereof to only practise as a nurse intern while under supervision at a hospital listed under the Regional Health Authorities Act.
(4) A nurse intern shall, within one year of his provisional registration, attempt a licensing examination conducted by the Council or any other examining body recognised by the Accreditation Council.

(5) Where a nurse intern fails to attempt the examination under subsection (4) within fifteen months of the grant of the provisional certificate, the Council may revoke his certificate.

(6) Where a nurse intern fails the licensing examination after his third attempt, the Council may require him to take a one-year remedial programme before he re-submits himself to a licensing examination.

(7) Where a nurse intern takes a remedial programme under subsection (6), his provisional certificate shall be valid for the period of the remedial programme.

(8) Where a nurse intern completes a remedial programme under subsection (6), and the original provisional certificate granted under subsection (1) has expired, he shall be issued another provisional certificate which shall be valid for two years.

(9) A provisional certificate can only be issued to a person for a maximum of two times.

(10) Where the Council receives an application for a provisional certificate, it shall within three months of such receipt consider the application and give such directions in respect of the application as it thinks fit.

16B. The Council shall keep for the purposes of this Part, a roll to be known as the “Nurse Intern’s Roll”, on which shall be entered the name of every person who has been issued with a Nurse Intern’s Certificate to practise as a nurse intern in accordance with section 16A.

17. (1) The Council shall, on entering the name of any person on the Register or Roll, issue to such person a certificate of registration or enrolment, and the certificate shall remain in force unless suspended or cancelled.

(1A) The Council shall, on entering the name of any person in the Register of Advanced Practice Nurses, issue to such
person a licence to practise as an advanced practice nurse and such licence shall remain in force unless revoked or suspended.

(2) Where a person fails to pay any annual registration fee which may be payable for three months after it becomes due, the Council may suspend the certificate or licence of such person until such time as the payment of the fee and any administrative fine so attached for non-payment is received by the Council, and the Council shall thereafter restore the validity of the certificate or licence.

(3) A person who practises as a registered nurse after his certificate of registration is suspended under subsection (2) commits an offence and is liable on summary conviction to a fine of ten thousand dollars or to one year imprisonment and in the case of a second or subsequent offence to a fine of fifteen thousand dollars or to imprisonment for eighteen months.

(4) A person who practises as an advanced practice nurse after his certificate of registration has been suspended under subsection (2), commits an offence and is liable on summary conviction to a fine of twenty thousand dollars or to imprisonment for three years and in the case of a second or subsequent offence, to a fine of twenty-five thousand dollars or to imprisonment for five years.

18. (1) The Council may by a two-thirds majority of its members present at a duly convened general meeting suspend for such period as the Council thinks fit, or cancel the registration or enrolment of any person whose name is registered or enrolled under this Part; and in such case the certificate of registration or enrolment issued under section 17(1) or the licence issued under section 17(1)A shall be deemed to be revoked, suspended or cancelled, as the case may be.

(2) Suspension or cancellation of registration may be made upon proof to the satisfaction of the Council of—
(a) professional dishonesty;
(b) negligence or incompetence in the performance of duty;
(c) a habit or illness rendering the person unfit to practise nursing;
(d) conduct that does not conform to the generally recognised standards of the profession of nursing, or that is unbecoming of the profession of nursing;

(e) wilful refusal to obey a lawful order given in the course of his professional duty; or

(f) fraud or misrepresentation in obtaining a registration or enrolment, whether for himself or some other person,

on the part of the person registered or enrolled.

(3) No proceedings shall be taken for the suspension or cancellation of a registration or enrolment, unless at least one week’s notice in writing has been given to the person concerned of the intention to take such proceedings, and of the grounds on which such proceedings are based; and such person shall be entitled to be heard in his defence and to be represented by an Attorney-at-law at every stage of the proceedings.

19. (1) A person who, not being registered or enrolled under this Part, or who during any period when his certificate of registration or enrolment has been suspended or cancelled or is deemed to have been suspended, takes or uses the name or title of “advanced practice nurse”, “registered nurse”, “nurse” or “nurse intern” whether alone or in combination with any other words or letters, or any name, title, addition, description, uniform or badge implying or calculated to convey the impression that he is registered or enrolled under this Part, or is recognised by law as an advanced practice nurse, a registered nurse, a nurse or a nurse intern, commits an offence.

(2) A person who, not being registered or enrolled under this Part or, who during any period when his certificate of registration or enrolment issued under this Part has been suspended or cancelled, practises as an advanced practice nurse, a registered nurse, a nurse, or a nurse intern, commits an offence and is liable on summary conviction to a fine of ten thousand dollars and imprisonment for two years.
PART III

MIDWIVES

20. (1) The Council shall keep for the purposes of this Part a Register, to be known as the Register of Midwives, on which shall be entered the names of all persons who are entitled to be registered in accordance with this Part.

(2) The entry on the Register shall show the date of the registration and the qualification upon which the registration is based.

21. (1) The names of all persons who are registered as midwives under the Medical Board Act immediately prior to the commencement of this Act shall be entered on the Register established under this Part without need for application on the part of such persons; and pending the entry of their names on the Register, all such persons shall be deemed to be duly registered under this Act.

(2) Any person who has—
   (a) completed a course of training—
      (i) in a recognised place of training under section 40; or
      (ii) approved by the Accreditation Council under the Accreditation Council of Trinidad and Tobago Act; and
   (b) passed the examination prescribed by the Council or any other nursing examining body recognised by the Accreditation Council,

and who establishes to the Council’s satisfaction that he is a fit and proper person to be entered on the Register as a midwife shall, on making an application to the Council and upon compliance with the requirements of this Act, be entitled to be registered.

(2A) In determining if a person is a fit and proper person, under subsection (2), the Council shall consider if he—
   (a) is of good character;
   (b) is mentally and physically capable of performing satisfactorily the duties of a midwife; and
   (c) has the ability of a person to understand, read and speak English.
(3) Any person who establishes to the satisfaction of the Council that he is registered or is entitled to be placed on the Register of the Central Midwives Board of the United Kingdom or on the Register of any other Midwives’ Board or body recognised by the Council, and that he is a fit and proper person to be entered on the Register as a midwife shall, on making application to the Council and upon compliance with the requirements of the Act, be entitled to be registered.

(4) Where the Council receives an application for a licence, it shall within six months of such receipt consider the application and give such directions in respect of the application as the Council thinks fit.

21A. (1) Where three months have elapsed since an application was submitted to the Council, pursuant to sections 16, 16A and 21 and no decision has been given to the applicant, the applicant who feels aggrieved, may file a complaint with the Permanent Secretary.

(2) The Permanent Secretary shall cause the matter to be investigated within six weeks of receipt of the complaint.

(3) Upon receipt of the report of the investigation under subsection (2), the Permanent Secretary shall forward the report to the Council requesting that action be taken on the complaint within one month thereafter.

(4) For the purposes of this section, “Permanent Secretary” means the Permanent Secretary in the Ministry with responsibility for health.

22. (1) The Council shall on entering the name of any person on the Register issue to every such person a licence to practise as a midwife bearing the signature of the President or the Vice-President and the Registrar; and the licence shall remain in force unless suspended or cancelled.

(2) Where a person fails to pay any annual registration fee which may be payable for three months after it becomes due, the Council may suspend the licence of such person until such time as the payment of the fee and any administrative fine so attached for non-payment is received by the Council, and the Council shall thereafter restore the validity of the licence.
(3) A person who practises as a midwife after his licence is deemed to have been suspended under subsection (2) commits an offence and is liable on summary conviction to a fine of ten thousand dollars or to imprisonment for one year and in the case of a second or subsequent offence to a fine of fifteen thousand dollars or to imprisonment for eighteen months.

23. (1) The Council may by a two-thirds majority of its members present at a duly convened general meeting, suspend for such period as the Council thinks fit, or cancel the registration of any person whose name is registered under this Part; and in such case the licence issued under section 22(1) shall be deemed to be suspended or cancelled, as the case may be.

(2) Suspension or cancellation of registration may be made upon proof to the satisfaction of the Council of—

(a) professional dishonesty;

(b) negligence or incompetence in the performance of duty;

(c) a habit or illness rendering the midwife unfit to practise midwifery;

(d) conduct that does not conform to the generally recognised standards of the profession of midwifery, or that is unbecoming to a midwife;

(e) wilful refusal to obey a lawful order given in the course of his professional duty; or

(f) fraud or misrepresentation in obtaining a registration, whether for himself or any other person,

on the part of the person registered.

(3) No proceedings shall be taken for the suspension or cancellation of a registration unless at least one week’s notice in writing has been given to the person concerned of the intention to take the proceedings, and of the grounds on which the proceedings are based; and such person shall be entitled to be heard in his defence and to be represented by an Attorney-at-law at every stage of the proceedings.
24. Any midwife whose registration has been suspended or cancelled shall within fourteen days of being so notified in writing by the Registrar of the Council surrender his licence to the Registrar, and if he fails to do so commits an offence and is liable on summary conviction to a fine of one thousand dollars or to imprisonment for a period of eighteen months.

25. (1) Every midwife shall before practising in any district give notice in writing of his intention to do so, and of his place of residence or intended place of residence, to the Medical Officer of Health of the County in which he intends to practise, and to the Council; and he shall within fourteen days of any change of residence give notice of the change to the Medical Officer of Health and to the Council.

(2) In the month of January of each year every midwife shall make a return to the Council in the prescribed form showing the districts in which he has resided and in which he has been engaged in practice during the preceding year.

(3) If any midwife fails to comply with the provisions of subsection (1) or of subsection (2) he commits an offence and is liable on summary conviction to a fine of one thousand dollars or to imprisonment for a period of eighteen months.

(4) It shall not be an offence under this section for a midwife to render professional services in a case of emergency outside the district in which he has given notice of his intention to practise if within three days of rendering such services he notifies the Medical Officer of Health and the Supervisor of the district in which the services were rendered, in such form as may be prescribed, of the circumstances and particulars of the case.

26. If any person who has been attended by a midwife within fourteen days of being so attended, dies or gives birth, the midwife shall, within thirty-six hours of the death or birth, as the case may be, make a report thereof to the Medical Officer of Health; and any midwife who fails to comply with the provisions of this section commits an offence.
27. The Council may with the approval of the Minister appoint one or more persons who shall be either a medical practitioner or a nurse-midwife to be Supervisor for a county or district; and the Supervisor shall—

(a) exercise and maintain general supervision over midwives practising within his district in accordance with the rules and regulations of the Council;

(b) investigate charges of malpractice, negligence or misconduct on the part of midwives practising within his district and to report the results of the investigation to the Council;

(c) report forthwith to the Medical Officer of Health of the County and to the Council any matter affecting the efficiency and the standard of the midwifery services in his district.

28. If on investigation it appears on reasonable grounds to a Supervisor that any midwife practising within his district commits improper conduct of such a nature or in such circumstances as to render it dangerous or inexpedient in the public interest that the midwife should continue to practise pending a full inquiry, the Supervisor shall report the matter and the circumstances to the Medical Officer of Health of the district; and if the Medical Officer of Health concurs, the Supervisor shall serve upon the midwife a notice in writing signed by himself and by the Medical Officer of Health suspending the midwife from further practice pending directions from the Council; and in every such case the Supervisor shall within thirty-six hours cause to be delivered to the Registrar of the Council a copy of the notice together with a written report of the alleged improper conduct and of the circumstances on which the suspension is based.

29. (1) A person who, not being licensed as a midwife under this Act, or who during any period when his licence to practise issued under this Act has been suspended or cancelled under section 23 or is deemed to have been suspended by virtue of section 22(2), takes or uses the name or title of “midwife” either alone or in conjunction with any other words or letters or any
name, title, addition, description, uniform or badge, implying or calculated to convey the impression that he is registered under this Part or is a person specially qualified to practise midwifery, or is recognised by law as a midwife, commits an offence.

(2) A person who, not being licensed as a midwife under this Act or who during any period when his licence to practise issued under this Act has been suspended or cancelled under section 23 practises as a midwife commits an offence and is liable on summary conviction to a fine of five thousand dollars or to imprisonment for five years.

30. The Minister may by Order declare that section 31 shall come into effect within an area defined and delimited by the Order at a date stated in the Order, which shall be not less than thirty days after the publication of the Order; and upon the date so stated that section shall come into effect and have effect accordingly.

31. (1) From and after the date stated in any Order under section 30, and within the area in the Order defined and delimited, any person who does not hold a valid and subsisting licence as a midwife who assists a woman in childbirth otherwise than under the direction and personal supervision of a member of the Medical Board or of a registered midwife commits an offence and is liable on summary conviction to a fine of ten thousand dollars and to imprisonment for two months.

(2) Notwithstanding subsection (1), however it shall not be an offence for a person to render assistance without fee or reward in a case of sudden or urgent necessity where no medical practitioner or midwife is available.

32. (1) In any emergency, as may be defined in rules or regulations made by the Council, a midwife shall call to his assistance a District Medical Officer or if a District Medical Officer is not available a member of the Medical Board, and the fee therefor in the case of a person proven and duly certified to be unable to pay, shall be payable out of public funds on a scale to be settled by the Minister.
(2) The midwife shall forthwith make a report to the Medical Officer of Health of the district of each such case of emergency, furnishing such information as he may require.

(3) The Medical Officer of Health shall notify the Council monthly of such cases of emergency as are referred to in subsection (1).

(4) The Minister or some person authorised by him may recover any fee paid under subsection (1) as a debt due to the State from the patient or from the husband or other person liable to maintain the patient.

PART IV

NURSING ASSISTANTS

33. The Council shall keep for the purposes of this Part a roll, to be known as the Roll of Nursing Assistants, on which shall be entered the names of all persons (in this Act referred to as Nursing Assistants) whose applications for enrolment have been approved by the Council.

34. The Council may in its discretion authorise the entry on the Roll of Nursing Assistants of the name of any person who has completed a course of training approved by the Council and who has passed the examinations prescribed by the Council and who has otherwise complied with the requirements of this Act.

35. (1) The Council shall, on entering the name of any person on the Roll, issue to the person a certificate and the certificate shall remain in force unless suspended or cancelled.

(2) If any such person fails to pay any annual enrolment fee which may be payable for three months after it becomes due, his certificate of enrolment shall be deemed to be suspended; but it shall be lawful for the Council to restore the validity of the certificate upon payment of the enrolment fee and such further sum by way of fine as may be prescribed.

(3) A person who practises as a Nursing Assistant after his certificate is deemed to have been suspended under subsection (2) commits an offence and is liable on summary
conviction to a fine of five hundred dollars or to imprisonment for three months and in the case of a second or subsequent offence to a fine of one thousand dollars and imprisonment for six months.

36. The Council may, after due inquiry and on such grounds as it thinks proper, either for a fixed time or permanently, remove the name of any Nursing Assistant from the Roll of Nursing Assistants.

37. (1) A person who not being enrolled as a Nursing Assistant under this Act, or who, during any period when his name is removed by the Council from the Roll of Nursing Assistants under section 36 or who is suspended from practice pending an inquiry under section 39 takes or uses the name or title of “Nursing Assistant” either alone or in combination with any other words or letters, or any name, title, addition, description, uniform or badge implying or calculated to convey the impression that he is enrolled as a Nursing Assistant under this Act commits an offence.

(2) A person who, not being enrolled as a Nursing Assistant under this Act or, who, during any period when his name is removed by the Council from the Roll of Nursing Assistants under section 36, or who is suspended from practice pending an inquiry under section 39, practises as a Nursing Assistant commits an offence and is liable to a fine of two thousand dollars or to imprisonment for two years.

PART V
GENERAL

38. (1) Any person aggrieved by the refusal of the Council to enter his name on the Register of Advanced Practice Nurses, on the Register of Nurses or on the Register of Midwives, as the case may be, or by the suspension or cancellation of his registration as an advanced practice nurse, nurse or midwife, may, within one month from the date on which notice thereof is given to him by the Registrar, appeal against the Council’s decision to a Judge in Chambers, and the Judge in giving his decision may make such order as to costs as he thinks fit.

(2) Any person whose application to be enrolled as a nurse intern or as a nursing assistant has been refused, or whose
name has been removed from the Roll of Nurse Interns or the Roll of Nursing Assistants whether for a fixed time or permanently, may within one month of being notified to that effect by the Registrar of the Council appeal in writing to the Minister for a review of the matter and the Minister’s decision thereon shall be final.

39. If it appears to the Council on reasonable grounds to be inexpedient or dangerous in the public interest or in the interest of the health of his patients that any advanced practice nurse, nurse or nurse intern, midwife or nursing assistant should continue to practise pending a full inquiry, the Council may suspend the advanced practice nurse, nurse or nurse intern, midwife, or nursing assistant from practice pending the results of a full inquiry by the Council which shall be instituted into the matter forthwith.

40. The Council may, with the approval of the Minister, designate such schools, hospitals or institutions as it thinks fit to be recognised as places of training or as affiliated places of training for nurses, nurse interns, midwives or nursing assistants, as the case may be.

41. (1) The Minister may in consultation with the Council, make Regulations—

(a) respecting the establishment, maintenance and management of schools for nursing assistants and for the inspection thereof;

(b) respecting the accommodation and equipment required for schools for nursing assistants, and the means of instruction to be used;

(c) prescribing the minimum number of hours of instruction constituting a course of training for nursing assistants;

(d) providing for the enrolment as nursing assistants of persons trained or partly trained as nursing assistants outside Trinidad and Tobago.

(2) Subject to the provisions of subsection (3), the Minister may in consultation with the Council, make Regulations...
for carrying the purposes of this Act into effect, and, without
limiting the generality thereof—

(a) prescribing the conditions and qualifications on
which persons may be admitted for training as
nurses or as midwives or as nursing assistants;

(aa) prescribing the conditions under which persons
may be registered as advanced practice nurses;

(b) prescribing curricula of study and programmes
of training to be followed at places of training
or affiliated places of training in respect of
nurses, midwives, and nursing assistants,
respectively;

(ba) prescribing the standards for continuous
education and training of advanced practice
nurses, nurses and midwives;

(c) prescribing and regulating the conduct of
examinations to be undergone as a condition of
admission to be registered as a nurse or a
midwife, as the case may be;

(d) regulating and defining the nature of the services
which may be performed by advanced practice
nurses, nurses or nurse interns, midwives and
nursing assistants respectively, and directing the
procedure to be followed in cases of emergency;

(e) providing for charges to be made or fees to be
paid, and the amounts thereof, for any of the
purposes of this Act;

(f) prescribing anything that is authorised or
required to be prescribed under this Act.

(3) Where there is any conflict between any rule or
regulation made by the Council and any Regulation made by the
Minister under this Act, the provisions of the regulation made by
the Minister in that behalf shall prevail.

(4) The Minister in consultation with the Council may by
Regulations prescribe, the qualifications and experience required
and the scope of practice for the advanced practice nurses.

(5) Regulations made under subsection (4), shall be
subject to affirmative resolution of Parliament.
42. There shall be paid to the Council in respect of every application to be examined or to be registered or enrolled, or as an annual registration or enrolment fee, such amount as may be prescribed.

43. The Council may from time to time decide upon the times and places at which examinations under this Act shall be held, and may appoint examiners and fix their remuneration.

44. The Council may at any time restore to the Register of Advanced Practice Nurses, the Register of Nurses, the Register of Midwives, the Roll of Nurse Interns or to the Roll of Nursing Assistants, as the case may be, any name which has been removed therefrom.

45. Any person who, for the purpose of obtaining registration or enrolment under this Act, either for himself or for any other person, makes any false representation, whether by words, in writing, or by conduct, commits an offence.

46. Any person who falsely makes or issues a certificate or licence purporting to be a certificate or licence under this Act, or any person who knowingly has in his possession any certificate or licence so falsely made or issued commits an offence.

47. Any person who wilfully makes or causes to be made any falsification of—

(a) the Register of Nurses;
(b) the Register of Advanced Practice Nurses;
(ba) the Roll of Nurse Interns;
(c) the Register of Midwives; or
(d) the Roll of Nursing Assistants,

commits an offence.

48. The Council may approve the design or description of any badge or uniform to be worn by advanced practice nurses, nurses or nurse interns, midwives, or nursing assistants.
49. Where the application of any person for registration or enrolment has been refused by the Council or where any order has been made for the removal of the name of any person from the Register or Roll or the suspension of any person registered or enrolled under this Act, the Registrar of the Council shall give notice forthwith of that fact to the person concerned.

50. (1) Any person guilty of an offence under this Act, except in cases where some other penalty is specifically provided, commits an offence and is liable on summary conviction to a fine of five thousand dollars or to imprisonment for one year for a first offence, and for a second or subsequent offence to a fine of ten thousand dollars or to imprisonment for two years.

(2) Any Regulations made under this Act may prescribe in respect of any contravention thereof or failure to comply therewith a penalty not exceeding a fine of five thousand dollars or imprisonment for six months on summary conviction.

51. In any prosecution under this Act it shall be sufficient to prove that the accused has done or committed a single act of unauthorised practice, or has committed on a single occasion any of the acts prohibited under this Act, and the word “practice” as used in this Act shall be construed in accordance with this section.

51A. Where a national emergency exists, the Minister may, by Order, permit a person who is registered to practise advanced practice nursing, nursing or midwifery under the laws of his governing country, to practise advanced practice nursing, nursing or midwifery for the period specified in the Order, for the purpose of providing specific skills and technology and such person shall be deemed to be practising as if a licence had been issued under this Act.

51B. The Minister in consultation with the Council may, by Order, permit nursing personnel who are registered to practise advanced practice nursing, nursing or midwifery under the laws
of their governing countries as part of a visiting planned education or teaching programme or medical visiting treatment team, for the purpose of providing specific skills and technology and such persons shall be deemed to be practising as if a licence had been issued under this Act.

52. (1) Any moneys payable upon a summary conviction under this Act shall be paid to the Court.

(2) All moneys other than those specified under subsection (1), whether by way of fees, administrative fines or otherwise, shall be paid to the Council to be used for carrying the purposes of this Act into effect.
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NURSING PERSONNEL REGULATIONS

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NURSING PERSONNEL REGULATIONS

made under section 41

1. These Regulations may be cited as the Nursing Personnel Regulations.

2. (1) In these Regulations—

“a recognised place of training” means a place of training or affiliated place of training referred to in section 40 of the Act;

“Approved School of Midwifery” means a school designated by the Council with the approval of the Minister under section 40 of the Act as a recognised place of training for midwives or for instruction in obstetric nursing;

“Approved School of Nursing” means a school designated by the Council with the approval of the Minister under section 40 of the Act as a recognised place of training for nurses;

“Approved Training Centre” means a school designated by the Council with the approval of the Minister under section 40 of the Act as a recognised place of training for nursing assistants;

“the Council” means the Nursing Council established by the Nurses Registration Ordinance (since repealed) and continued under the Act;

“instructor” means a person responsible for the teaching of student nurses, pupil-midwives or trainees in a recognised place of training and in the case of pupil-midwives, for that part of the training that takes place in the homes of patients;

“practical final examination” means the practical final examination of the Nursing Council Registration Examination;

“President” means the President of the Council;

“pupil-midwife” means a woman admitted to an Approved School of Midwifery for training as a midwife;

“Register of Midwives” means the Register of Midwives kept in accordance with section 20 of the Act;
“Register of Nurses” means the Register of Nurses kept in accordance with section 15 of the Act;
“Roll of Nursing Assistants” means the Roll of Nursing Assistants kept in accordance with section 33 of the Act;
“Registrar” means the Secretary of the Council;
“student nurse” means a person admitted to an Approved School of Nursing for training as a nurse;
“trainee” means a person admitted to an Approved Training Centre for training as a nursing assistant;
“written final examination” or “qualifying examination” means the written final examination of the Nursing Council Registration Examination.

(2) The concept of a school for the training of nurses and of midwives and a centre for the training of nursing assistants embraces the classroom, such wards and departments of the recognised place of training as may offer patient care and such services as may be outside the institution and approved by the Council for offering to the student nurse, the pupil-midwife or the trainee experiences in public health, community services and such other experiences whereby the stipulated programme of training may be accomplished.

SCHOOLS OF TRAINING

3. The Registrar shall prepare and keep a list of schools, hospitals and institutions from time to time designated by the Council with the approval of the Minister under section 40 of the Act as recognised places of training or as affiliated places of training for nurses or midwives or nursing assistants, as the case may be.

4. An institution may be designated to be a recognised place of training for nurses if the Council is satisfied as regards the following criteria:

   (a) provision at the institution of not less than a total of two hundred and fifty beds, comprising—
      (i) not less than eighty medical beds;
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(ii) not less than sixty surgical beds (including eye, ear, nose and throat surgery);

(iii) not less than fifty paediatric beds (medical and surgical); and

(iv) not less than twenty beds each for gynaecological, obstetric and orthopaedic patients;

(b) a sufficient variety of patients in the clinical area of the institution;

(c) opportunities exist at the institution for adequate supervision and guidance of nursing students so as to ensure a high standard of patient care;

(d) the staff of the institution includes—

(i) a sufficient number of registered nurses for the guidance and supervision of student nurses in the day, the afternoon and in the night in the ratio of at least one registered nurse to not more than ten student nurses in the practice area;

(ii) persons qualified to teach and lecture in the various aspects of nursing and on all matters relating thereto in the ratio of one instructor to not more than thirty students in the classroom;

(iii) a person who, in the opinion of the Council, is qualified and prepared for directing and supervising the staff of the institution so as to ensure that the programme of training for the nursing examinations provided for in these Regulations is satisfactorily covered; and

(iv) persons qualified in medical, surgical and related specialties and registered under the Medical Board Act;

(e) equipment and facilities for teaching and study exist at the institution and are in the opinion of the Council adequate for the preparation of persons as nurses; and
Designation of institution for training midwives.

(f) the institution is associated with a district service approved by the Council for the provision of experiences in the field of public health and community services.

5. An institution may be designated to be a recognised place of training for midwives if the Council is satisfied as regards the following criteria:

(a) at least one thousand confinements take place annually at the institution;

(b) at least twenty-five per cent of the number of maternity beds at the institution are allocated to ante-natal care;

(c) the staff of the institution includes a sufficient number of—
   (i) midwives;
   (ii) persons experienced in obstetrics, gynaecology, paediatrics and anaesthetics who are registered under the Medical Board Act; and
   (iii) persons qualified to teach and lecture on the various aspects of maternal and child care and on all matters relating thereto;

(d) equipment and facilities for teaching and study exist at the institution and are in the opinion of the Council adequate for the preparation of persons as midwives;

(e) the appurtenances of a school exist under the direction of a person who, in the opinion of the Council, is qualified for supervising and putting into effect the aims and objectives of a school of midwifery; and

(f) the institution is associated with a district domiciliary service approved by the Council for the provision of training in the delivery and care of mothers and infants in their own homes.
6. An institution may be designated to be a recognised place of training for nursing assistants if the Council is satisfied as regards the following criteria:

(a) provision at the institution of not less than one hundred beds, comprising—

(i) not less than fifty medical beds;

(ii) not less than twenty surgical beds;

(iii) not less than fifteen paediatric beds; and

(iv) not less than fifteen elective beds;

(b) a sufficient variety of patients in the clinical area of the institution;

(c) facilities exist at the institution for the supervision of the trainees by registered nurses during the entire course of the programme of training;

(d) equipment and facilities for teaching and study including registered nurses prepared and qualified for carrying on teaching processes in the ratio following:

(i) in the classroom, one nurse to not more than thirty trainees; and

(ii) in the practice areas, one nurse to not more than ten trainees,

exist at the institution and are in the opinion of the Council adequate for the preparation of persons as nursing assistants;

(e) the staff of the institution includes a person who has been prepared for directing and supervising the staff of the institution and has been exposed to or suitably orientated in the training of nursing assistants.

7. Subject to these Regulations, a person may be admitted to an Approved School of Nursing as a student nurse if—

(a) he is not less than seventeen years of age and not more than forty-five years of age in the year of his application for admission; and
(b) he has obtained passes at Grade A, B or C in at least five subjects at the Ordinary Level of the General Certificate of Education examination, one of which shall be English Language; or
(c) he has obtained passes at Grade I or II in at least five subjects at the General Proficiency Level of the Caribbean Examination Council examination, one of which shall be English Language; or
(d) he has obtained at least five passes accruing from a combination of paragraphs (b) and (c), of which one shall be English Language; and
(e) he supplies evidence of having undergone training for at least three years at a secondary school in mathematics, principles of accounts, commerce or any other subject which demonstrates possession of a sound knowledge of the numerate skills.

8. (1) An application to take the aptitude test shall be made to the Council in the form set out as Form 1 in the First Schedule.
(2) An applicant shall forward with his application—
(a) the fee prescribed in the Second Schedule;
(b) a certificate as to character in the form set out as Form 1 in the Third Schedule; and
(c) such other documents as are specified in the application form or as may be required by the Council.

9. An applicant who is successful in the aptitude test shall be awarded a certificate by the Council as evidence of his eligibility to seek admission to an Approved School of Nursing as a student nurse.

10. (1) A person who is admitted to an Approved School of Nursing as a student nurse shall, within fourteen days of entry thereto or such other period as the Council may in its discretion
allow, apply to the Council through the appropriate authority of the Approved School of Nursing in the form set out as Form 1 in the Fourth Schedule, for registration as a student nurse.

(2) An applicant shall forward with his application—

(a) the fee prescribed in the Second Schedule; and

(b) such other documents as are specified in the application form or as may be required by the Council.

(3) No person shall be admitted to the nursing examinations of the Council unless he is registered with the Council as a student nurse.

11. (1) The name of a student nurse may be removed from the Register of Student Nurses for failure—

(a) except during such leave as may be permitted under these Regulations, to devote the whole of the period of training to preparation for his examinations and future responsibilities as a nurse;

(b) to complete the programme of training within the stipulated period; and

(c) to enter the nursing examinations in accordance with these Regulations.

(2) Where a student nurse resigns or terminates his training at any stage prior to taking an examination which he is required to enter, the appropriate authority of the Approved School of Nursing shall, within fourteen days of the resignation or termination, notify the Council in that behalf, and the name of the student nurse shall be removed from the Register of Student Nurses.

(3) Where in the opinion of the appropriate authority of an Approved School of Nursing the attitude or performance of a student nurse is unsatisfactory or he is otherwise unsuited to be a nurse, a report shall be made to the Council with a recommendation for the removal of the name of the student nurse from the Register of Student Nurses.
(4) The Council on considering the report and recommendation under subregulation (3) and any explanation offered by the student nurse may request such further reports as it may consider necessary for determining whether the name of the student nurse should be removed from the Register of Student Nurses.

(5) If on consideration of the report and recommendation and any explanation offered by the student nurse the Council is satisfied that the attitude or performance of the student nurse is unsatisfactory or that he is otherwise unsuited to be a nurse, his name shall be removed from the Register of Student Nurses.

(6) The name of a student nurse shall be removed from the Register of Student Nurses—
   (a) after the second unsuccessful attempt at the assessment examination held at the end of the first six months of training;
   (b) after the second unsuccessful attempt at the practical or written preliminary examination;
   (c) after the third unsuccessful attempt at the practical or written final examination;
   (d) after failing to complete the preliminary examination at the end of two years from the date of entry to training; or
   (e) after failing to complete the final examination at the end of five years from the date of entry to training.

12. (1) The following examinations shall be held by the Council for persons in Approved Schools of Nursing who are registered as student nurses with the Council:
   (a) an assessment examination which shall be held at the end of six months from the date of entry to training;
   (b) a preliminary examination consisting of—
      (i) a practical examination which shall be held not less than six months from the date of entry to training; and
(ii) a written examination which shall be held not less than six months after successful completion of the assessment examination; and

(3) A student nurse who fails the preliminary examination, either written or practical or the final examination, either written or practical in whole or in one subject is deemed to have failed the preliminary examination or the final examination, as the case may be.

13. The period of training of a student nurse shall extend over a period of three years from the date of entry to training.

14. The syllabus of subjects—

(a) for the Certificate of General Nursing, is as set out in Part I of the Fifth Schedule; and

(b) for the Certificate in Psychiatric Nursing, is as set out in Part II of the Fifth Schedule.

15. The training of a student nurse shall include—

(a) theoretical, practical and clinical instructions covering the subjects as prescribed in the syllabus;
Plan of training.

16. (1) The student nurse shall, whether in training for the Certificate in General Nursing or the Certificate in Psychiatric Nursing, cover during the first six months of training a programme of fundamental nursing principles (hereinafter referred to as "the Fundamental Nursing Programme") as applied to—

(a) Social Science—Psychology applied to Nursing; Sociology applied to Nursing;

(b) Nursing Arts—Nursing heritage, Fundamentals of Nursing (principles); Emergency Nursing Care (First Aid);

(c) Biological Sciences—Human Anatomy and Physiology; Personal and Community Health; and

(d) Physical Science—Principles of physics and chemistry as applied to Nursing.

(2) The student nurse whether in training for the Certificate in General Nursing or the Certificate in Psychiatric Nursing, shall cover over a period of not more than twenty-four months calculated from the date of entry to training the subjects set out in the syllabus for the preliminary examination, that is to say—

(a) Principles and Practice of Nursing;

(b) Introduction to the study of structure and function of man;

(c) Personal and Community Health;

(d) Introduction to the study of Human Behaviour; and

(e) Emergency Care.
(3) The student nurse in training for the Certificate in General Nursing, shall cover over a period of not less than thirty-six months calculated from the date of entry to training the subjects set out in the syllabus for the final examination, that is to say—

(a) Principles and Practice of Nursing related to specific Medical and Surgical conditions in children and adults;
(b) Pharmacology;
(c) Introduction to Psychiatric and Mental Health Nursing;
(d) Introduction to the study of Man and his environment;
(e) Professional Adjustments and Ethics; and
(f) Elements of Ward Administration.

(4) The student nurse in training for the Certificate in Psychiatric Nursing shall cover over a period of not less than thirty-six months calculated from the date of entry to training the subjects set out in the syllabus for the final examination, that is to say—

(a) Principles and Practice of Psychiatric Nursing;
(b) Psychiatry—Science and Treatment of Mental Disorders;
(c) Introduction to the study of Psychological concepts;
(d) Community Health;
(e) Physical illness and psycho-physiological disturbances;
(f) Pharmacology;
(g) Nutrition;
(h) Professional Adjustments and Ethics; and
(i) Elements of Ward Administration.

(5) The student nurse in training for the Certificate in General Nursing, shall receive theoretical and clinical experiences covering those aspects of the syllabus for the
Certificate in General Nursing. The clinical experiences shall be as set out below—

<table>
<thead>
<tr>
<th>Experience</th>
<th>Duration</th>
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</thead>
<tbody>
<tr>
<td>Maximum period of training</td>
<td>156 weeks</td>
</tr>
<tr>
<td>Minimum experience requirements</td>
<td>112 weeks</td>
</tr>
<tr>
<td>The Fundamental Nursing Programme</td>
<td>26 weeks</td>
</tr>
<tr>
<td>Medical Nursing</td>
<td>12 weeks</td>
</tr>
<tr>
<td>Surgical Nursing</td>
<td>12 weeks</td>
</tr>
<tr>
<td>Paediatric Nursing</td>
<td>12 weeks</td>
</tr>
<tr>
<td>Gynaecological Nursing</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Psychiatric Nursing</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Community Health Nursing</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Obstetric Nursing</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Operating Theatre Nursing</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Casualty and Out Patient’s Department</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Ear, Nose, Throat and Eye Nursing</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Communicable Diseases Nursing</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Orthopaedic Nursing</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Neuro-surgical Nursing</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Elective Nursing</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Block (classroom)</td>
<td>18 weeks</td>
</tr>
</tbody>
</table>

Total: 112 weeks

(6) For the purposes of subregulation (5), instruction in obstetric nursing shall extend over a period of not less than four weeks and shall include—

(a) the female reproductive organs and the breasts;
(b) the physiology and management of normal pregnancy;
(c) the physiology, mechanism and management of normal labour;
(d) the physiology and management of the puerperium;
(e) an introduction to common complications which may arise in pregnancy, labour and the puerperium;
(f) the physiology and care of the normal infant, breast and artificial feeding;
(g) an introduction to common complications affecting the infant;

(h) an introduction to the care of the premature infant;

(i) the taking and recording of histories and examining pregnant women;

(j) the observing of not less than six normal labours, including reception and admission treatment, care and comfort given during labour, the complete delivery and immediate care of mother and infant;

(k) the observing of the nursing care of not less than six mothers and infants within the first nine days of the lying-in period; and

(l) the making of one or more visits with a domiciliary midwife and attending a district pre-natal clinic.

(7) For the purposes of subregulation (6) “lying-in period” means a period being not less than nine days nor more than twenty-eight days after the end of the labour during which the continued attendance of a midwife is requisite.

(8) Where facilities for obstetric or gynaecological nursing experiences are not available to the male student nurse in training for the Certificate in General Nursing, the Council may waive the requirements of clinical experiences set out in subregulation (5), if the student nurse receives additional experiences in other areas so as to compensate for any deficiency in the total requirement of experiences.

(9) The student nurse in training for the Certificate in Psychiatric Nursing shall receive theoretical and clinical experiences covering those aspects of the syllabus for the Certificate in Psychiatric Nursing. The clinical experiences shall be as set out below:

<table>
<thead>
<tr>
<th>Experience</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum period of training</td>
<td>156 weeks</td>
</tr>
<tr>
<td>Minimum experience requirements</td>
<td>112 weeks</td>
</tr>
<tr>
<td>The Fundamental Nursing Programme</td>
<td>26 weeks</td>
</tr>
</tbody>
</table>
### Nursing Personnel Regulations

**Normal leave.**

<table>
<thead>
<tr>
<th>Ward/Unit</th>
<th>Periods (weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission (disturbed)</td>
<td>9</td>
</tr>
<tr>
<td>Admission (acutely ill)</td>
<td>12</td>
</tr>
<tr>
<td>Convalescent Ward</td>
<td>8</td>
</tr>
<tr>
<td>Long-term Ward</td>
<td>8</td>
</tr>
<tr>
<td>Children’s Ward</td>
<td>8</td>
</tr>
<tr>
<td>Psychogeriatrics Ward</td>
<td>6</td>
</tr>
<tr>
<td>Alcohliics</td>
<td>6</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>4</td>
</tr>
<tr>
<td>Recreational Therapy</td>
<td>4</td>
</tr>
<tr>
<td>Psychiatric Unit</td>
<td>4</td>
</tr>
<tr>
<td>Community Mental Health</td>
<td>10</td>
</tr>
<tr>
<td>Public Health</td>
<td>3</td>
</tr>
<tr>
<td>Medical/Surgical Nursing</td>
<td>8</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>4</td>
</tr>
<tr>
<td>Block (classroom)</td>
<td>18</td>
</tr>
</tbody>
</table>

**Total**  112 weeks

17. A student nurse may be granted the following periods of leave:

- (a) Vacation leave   … 10 weeks
- (b) Sick leave       … 6 weeks
- (c) Emergency leave… 2 weeks

18. (1) An interruption of the programme of training of a student nurse exceeding four consecutive weeks is deemed to be a break in the training of the student nurse.

(2) The appropriate authority of an Approved School of Nursing shall notify the Council of any break in the training of the student nurse.

(3) The report of the appropriate authority under subregulation (2) shall be accompanied by a medical certificate or other documentary evidence of illness satisfactory to the Council.

(4) In the event of a student nurse accruing an unsatisfactory pattern of leave the student nurse may be required to undergo further experience beyond the minimum experience stipulated in these Regulations before sitting the qualifying examination.
(5) No student nurse may be admitted to the qualifying examination unless the record of leave as shown on the form of application is satisfactory to the Council.

19. (1) The Council may from time to time initiate programmes of training (hereinafter referred to as “post-basic programmes”) so as to enable—

(a) persons registered as general nurses to qualify for registration as psychiatric nurses;

(b) persons registered as psychiatric nurses to qualify for registration as general nurses;

(c) persons registered as general or psychiatric nurses to qualify for registration in any new or special class or branch of nursing as the Council may specify.

(2) A person whose certificate of registration is deemed to be suspended or cancelled under Part II of the Act—

(a) shall not be admitted to a post-basic programme until his registration is restored;

(b) shall, if he is attending a post-basic programme, cease to attend the programme until his registration is restored;

(c) shall, if he has passed the qualifying examination, not be registered as a nurse in any other branch of nursing until his former registration is restored.

20. An application for admission to a post-basic programme at an Approved School of Nursing shall be made to the appropriate authority of the Approved School of Nursing.

21. (1) A person who is admitted to a post-basic programme at an Approved School of Nursing shall within fourteen days of entry thereto or such further period as the Council may in its discretion allow, apply through the appropriate authority of the Approved School of Nursing to the Council in the form set out as Form 2 in the Fourth Schedule, for registration as a post-basic student nurse.
Nursing Personnel Regulations

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Nursing Personnel

(2) An applicant shall forward with an application—
   (a) the fee prescribed in the Second Schedule; and
   (b) such other documents as are specified in the application form or as may be required by the Council.

(3) A post-basic student nurse shall not be permitted to enter the qualifying examination unless he is registered with the Council as a post-basic student nurse.

22. The post-basic programme shall extend over a period of not less than eighteen months of which not more than three weeks shall be vacation or other leave.

23. The name of a post-basic student nurse shall be removed from the Register of Post-Basic Student Nurses after the lapse of two and one-half years.

24. (1) A registered general nurse seeking to qualify for registration as a psychiatric nurse shall receive theoretical and clinical experiences covering those aspects of the syllabus for the Certificate in Psychiatric Nursing set out hereunder—

<table>
<thead>
<tr>
<th>Department</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission Ward</td>
<td>18</td>
</tr>
<tr>
<td>Convalescent</td>
<td>8</td>
</tr>
<tr>
<td>Convalescent (long-term)</td>
<td>8</td>
</tr>
<tr>
<td>Children’s Ward</td>
<td>8</td>
</tr>
<tr>
<td>Psychogeriatrics Ward</td>
<td>6</td>
</tr>
<tr>
<td>Alcoholics Treatment Centre</td>
<td>2</td>
</tr>
<tr>
<td>Psychiatric Unit</td>
<td>4</td>
</tr>
<tr>
<td>Occupational Therapy Department</td>
<td>4</td>
</tr>
<tr>
<td>Recreational Therapy Department</td>
<td>4</td>
</tr>
<tr>
<td>Public Health</td>
<td>3</td>
</tr>
<tr>
<td>Psychiatric Social Work Department and Out-Patient’s Clinic</td>
<td>2</td>
</tr>
<tr>
<td>Block</td>
<td>7</td>
</tr>
<tr>
<td>Orientation</td>
<td>1</td>
</tr>
<tr>
<td>Vacation Leave</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total 78 weeks**
(2) A registered psychiatric nurse seeking to qualify for registration as a general nurse shall receive theoretical and clinical experiences covering those aspects of the syllabus for the Certificate in General Nursing set out hereunder:

<table>
<thead>
<tr>
<th></th>
<th>The Female Nurse</th>
<th>The Male Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medicine</td>
<td>… 14 weeks</td>
<td>14 weeks</td>
</tr>
<tr>
<td>General Surgery</td>
<td>… 7 weeks</td>
<td>9 weeks</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>… 10 weeks</td>
<td>12 weeks</td>
</tr>
<tr>
<td>Casualty</td>
<td>… 4 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Out-Patient’s Department</td>
<td>2 weeks</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Ear, Nose and Throat</td>
<td>… 3 weeks</td>
<td>3 weeks</td>
</tr>
<tr>
<td>Eyes</td>
<td>… 3 weeks</td>
<td>3 weeks</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>… 4 weeks</td>
<td>nil</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>… 3 weeks</td>
<td>3 weeks</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>… 4 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Operating Theatre</td>
<td>… 4 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Public Health</td>
<td>… 3 weeks</td>
<td>3 weeks</td>
</tr>
<tr>
<td>Block</td>
<td>… 14 weeks</td>
<td>14 weeks</td>
</tr>
<tr>
<td>Vacation Leave</td>
<td>… 3 weeks</td>
<td>3 weeks</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>78 weeks</strong></td>
<td><strong>78 weeks</strong></td>
</tr>
</tbody>
</table>

25. (1) Subject to subregulation (2) the written examinations other than the assessment examination for student nurses and post-basic student nurses shall be held at Approved Schools of Nursing in the months of June and July in each year.

(2) In the event of an emergency or other incident occurring which in the opinion of the Council renders it expedient to advance, defer or postpone such examinations, the Council may after giving due notice to that effect to the appropriate authorities of Approved Schools of Nursing advance, defer or postpone the examinations.

26. The assessment examination may be taken by a student nurse if—

(a) he is shown not to have exceeded the stipulated entitlement of leave permitted over the period of the programme of training; and
27. (1) An application to take the assessment examination shall be made to the Council in the form set out as Form 2 in the First Schedule, not less than three weeks before the commencement of the examination.

(2) The applicant shall forward with his application the examination fee prescribed in the Second Schedule.

(3) The application shall include evidence satisfactory to the Council that there has been compliance by the applicant with regulation 10.

28. The preliminary examination may be taken by a student nurse if—

(a) he has been successful in the assessment examination;

(b) he is shown by transcripts submitted by the appropriate authority of the Approved School of Nursing to have satisfied the requirements of theoretical and clinical experiences calculated from the date of entry to the programme of training to the date of making application to take the preliminary examination;

(c) he is shown not to have exceeded the stipulated entitlement of leave permitted over the period of the programme of training; and

(d) he is declared by the appropriate authority of the Approved School of Nursing to have displayed conduct and performance of a satisfactory standard.

29. (1) An application to take the preliminary examination shall be made to the Council in the form set out as Form 3 in the First Schedule, not less than three weeks before the commencement of the examination.
(2) The applicant shall forward with his application the examination fee prescribed in the Second Schedule.

(3) The application shall include evidence satisfactory to the Council that there has been compliance by the applicant with regulation 10.

30. (1) The qualifying examination may be taken by a student nurse if—

(a) he has been successful in the preliminary examination and the final practical examination;

(b) he is shown by transcripts submitted by the appropriate authority of the Approved School of Nursing to have satisfied the requirements of theoretical and clinical experiences calculated from the date of entry to the programme of training to the date of making application to take the examination;

(c) he is shown not to have exceeded the stipulated entitlement of leave permitted over the period of the programme of training; and

(d) he is declared by the appropriate authority of the Approved School of Nursing to have displayed conduct and performance of a satisfactory standard.

(2) The qualifying examination may be taken by a post-basic student nurse if—

(a) he holds a valid certificate of registration under section 17(1) of the Act and is undergoing the post-basic programme of training;

(b) he is shown by transcripts submitted by the appropriate authority of the Approved School of Nursing to have satisfied the requirements of theoretical and clinical experiences calculated from the date of entry to the programme of training to the date of making application to take the examination;
31. (1) An application to take the final examination shall be made to the Council not less than three weeks before the commencement of the examination.

(2) The application shall be made—

(a) in the case of a student nurse who is completing the general nursing programme, in the form set out as Form 4 in the First Schedule;

(b) in the case of a student nurse who is completing the psychiatric nursing programme, in the form set out as Form 5 in the First Schedule;

(c) in the case of a post-basic student nurse who is completing the general nursing programme, in the form set out as Form 6 in the First Schedule; and

(d) in the case of a post-basic student nurse who is completing the psychiatric nursing programme, in the form set out as Form 7 in the First Schedule.

(3) The applicant shall forward with his application the examination fee prescribed in the Second Schedule.

(4) The application shall include evidence satisfactory to the Council that there has been compliance by the applicant with regulation 10 or regulation 21, as the case may be.

32. A student taking the practical or written examinations of the Council is required—

(a) to wear the full uniform of the Approved School of Nursing in which the programme is being undertaken;
Punctuality at examinations.

(b) to be of neat and tidy appearance and with an avoidance of extremes with respect to hair, nails, footwear and length of clothing.

33. A student taking the practical or written examinations of the Council who arrives at the examination centre more than fifteen minutes after an examination has commenced may be refused permission to take the examination.

34. (1) A student whose name is on the list of candidates for an examination of the Council who absents himself from the examination and fails to submit in writing an explanation for the absence, satisfactory to the Council, may be deemed to have had one unsuccessful attempt at the examination.

(2) A medical certificate in support of absence from an examination shall be delivered to the Council within two days of the date on which the absence occurred.

35. (1) A student failing one subject of an examination is permitted to resit the subject at the next following examination unless expressly required by the Council to pursue further training in the particular subject for a specific period.

(2) No student may resit the whole or one subject of an examination unless the record of leave and experience calculated from the date of the last application to the date of the application to resit the whole or one subject of the examination is satisfactory to the Council.

36. (1) Notwithstanding anything in these Regulations the Council may refuse to register as a student nurse or to admit to the nursing examinations or to the Register of Nurses or to issue a certificate to any person whom it considers to be physically, mentally or morally unfit to be a nurse.

(2) Where a person proposing to become a student nurse or being a student nurse presents to the Council a birth or baptismal certificate or other document in accordance with these Regulations,
which has been falsified in any way, the Council shall be entitled to postpone his registration as a student nurse or his admission to the examinations or to refuse to register him as a student nurse or to admit him to the examinations or to the Register of Nurses.

37. Where it is brought to the notice of the Council that a student nurse who is a candidate for the preliminary or final examination, or who has been successful in the qualifying examination and is an applicant for admission to the Register of Nurses, has been convicted of an indictable offence or has been guilty of conduct which, had he been a registered nurse, would in the opinion of the Council have rendered him liable to disciplinary proceedings in accordance with the procedure prescribed in these Regulations, the Council may make such reasonable investigations as may be necessary, and may, after affording him an opportunity to offer an explanation, refuse to admit him to the preliminary or final examination or to the Register of Nurses, as the case may be.

38. A student nurse or a post-basic student nurse who has taken the qualifying examination shall be informed by the Council of his results at the examination.

39. A student nurse or a post-basic student nurse who is successful in the qualifying examination shall be awarded the Certificate of General Nursing or the Certificate of Psychiatric Nursing, as the case may be, by the Council.

REGISTRATION OF NURSES

40. (1) An application for registration as a general nurse in the Register of Nurses shall be made to the Council.

(2) The application shall be made—

(a) in the case of a person who has been successful in the qualifying examination in general nursing, in the form set out as Form 3 in the Fourth Schedule; and

(b) in the case of a person trained in general nursing outside Trinidad and Tobago and seeking...
registration under section 16(3), (4) or (5) of the Act, in the form set out as Form 4 in the Fourth Schedule and shall be accompanied by a certificate as to character in the form set out as Form 2 in the Third Schedule.

(3) An application for registration as a psychiatric nurse in the Register of Nurses shall be made to the Council.

(4) The application shall be made—

(a) in the case of a person who has been successful in the qualifying examination in psychiatric nursing, in the form set out as Form 5 in the Fourth Schedule; and

(b) in the case of a person trained in psychiatric nursing outside Trinidad and Tobago and seeking registration under section 16(3), (4) or (5) of the Act in the form set out as Form 6 in the Fourth Schedule and shall be accompanied by a certificate as to character in the form set out as Form 3 in the Third Schedule.

(5) An applicant shall forward with his application the registration fee prescribed in the Second Schedule.

41. (1) Subject to these Regulations, a certificate of registration to practise as a general or psychiatric nurse may be continued in force on payment of the annual registration fee prescribed in the Second Schedule.

(2) The annual registration fee shall become due on the 30th September in each year subsequent to the year in which a person was registered.

(3) Where a certificate of registration is deemed to be suspended under section 17(2) of the Act for non-payment of any annual registration fee the validity of the certificate may be restored upon application made in writing to the Council and on payment of any unpaid annual registration fee and the fine prescribed in the Second Schedule.
42. (1) Subject to subregulation (2), on the expiration of a period of suspension of the registration of a nurse under section 18 of the Act, the Council shall upon application made in writing to the Council and on payment of any unpaid annual registration fee, restore the registration of the applicant.

(2) The Council may in its discretion as a condition to restoring the registration of the applicant under subregulation (1) require the applicant to pay any fees incurred by the Council in taking disciplinary proceedings against him.

43. (1) A person may at any time after two years from the date of cancellation of his certificate under section 18 of the Act apply in writing to the Council for restoration of his registration.

(2) The application shall be made in writing and shall state any ground upon which it is made and the names and addresses of two persons acceptable to the Council who are able and willing to give oral or written information as to the character of the applicant, the nature of his employment since the date of cancellation of his registration and such other information as the Council may require.

(3) Subject to subregulation (4), where the Council proposes to restore the registration of the applicant, the registration may be restored on payment of the registration fee.

(4) The Council may in its discretion as a condition to restoring the registration of the applicant require him to pay any fees incurred by the Council in taking disciplinary proceedings against him.

(5) An applicant whose application under subregulation (1) for restoration of his registration is rejected by the Council may from time to time make a further application, but no application made before two years of the rejection of any application shall be entertained by the Council.
44. Subject to these Regulations, a person may be admitted to an Approved School of Midwifery as a pupil-midwife if—

(a) she is registered as a nurse in the Register of Nurses;

(b) she has passed—

(i) at least five subjects at ordinary level of the General Certificate of Education, two of the subjects being English Language and a subject which shows a proficiency in mathematics; and

(ii) the aptitude test (oral or written) of the Council.

45. A person shall not be eligible for training as a pupil-midwife if she is under twenty-one years of age, or except at the discretion of the Council, if she is over fifty years of age.

46. (1) A person who is admitted to an Approved School of Midwifery as a pupil-midwife shall within fourteen days of entry thereto or such other period as the Council may in its discretion allow, apply through the appropriate authority of the Approved School of Midwifery to the Council in the form set out as Form 7 in the Fourth Schedule, for registration as a pupil-midwife.

(2) An applicant shall forward with her application—

(a) the fee prescribed in the Second Schedule; and

(b) such other documents as are specified in the application form or as may be required by the Council.

(3) No pupil-midwife shall be admitted to the midwifery examinations of the Council unless she is registered with the Council as a pupil-midwife.

47. (1) The name of a pupil-midwife may be removed from the Register of Pupil-Midwives for failure—

(a) except during such leave as may be permitted under these Regulations, to devote the whole of
the period of training to preparation for her examinations and future responsibilities as a midwife;

(b) to complete the programme of training within the stipulated period; and

(c) to enter the first examination following the end of the programme of training.

(2) Where a pupil-midwife resigns or terminates her training at any stage prior to taking an examination which she is required to enter, the appropriate authority of the Approved School of Midwifery shall, within fourteen days of the resignation or termination, notify the Council in that behalf, and the name of the pupil-midwife shall be removed from the Register of Pupil-Midwives.

(3) Where in the opinion of the appropriate authority of an Approved School of Midwifery the attitude or performance of a pupil-midwife is unsatisfactory or she is otherwise unsuited to be a midwife, a report shall be made to the Council with a recommendation for the removal of the name of the pupil-midwife from the Register of Pupil-Midwives.

(4) The Council on considering the report and recommendation under subregulation (3) and any explanation offered by the pupil-midwife may request such further reports as it may consider necessary for determining whether the name of the pupil-midwife should be removed from the Register of Pupil-Midwives.

(5) If on a consideration of the report and recommendation and any explanation offered by the pupil-midwife the Council is satisfied that the attitude or performance of the pupil-midwife is unsatisfactory or that she is otherwise unsuited to be a midwife, her name shall be removed from the Register of Pupil-Midwives.

48. The period of training of a pupil-midwife shall extend over a period of—

(a) not less than one year in the case of a person referred to in regulation 44(a); and
Plan of training.

49. (1) A one-year pupil-midwife shall receive theoretical and clinical experiences covering those aspects of the syllabus for the midwifery examinations. The clinical experiences shall be as set out hereunder—

- Maximum period of training: 52 weeks
- Minimum experience requirements: 50 weeks (2,200 hours)

<table>
<thead>
<tr>
<th>Experience</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labour Ward</td>
<td>10 weeks</td>
</tr>
<tr>
<td>Gynaecology (abortions)</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Premature Unit and General Nursery</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Lying-in Ward</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Antenatal Ward</td>
<td>10 weeks</td>
</tr>
<tr>
<td>Family Planning, Antenatal and Post-natal Clinics</td>
<td>6 weeks</td>
</tr>
<tr>
<td>District Puerperium</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Child Welfare Clinics</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Milk Kitchen</td>
<td>2 weeks</td>
</tr>
</tbody>
</table>

Total 50 weeks

(2) A two-year pupil-midwife shall receive theoretical and clinical experiences covering those aspects of the syllabus for the midwifery examinations. The clinical experiences shall be as set out hereunder—

- Maximum period of training: 111 weeks
- Minimum experience requirements: 90 weeks (3,960 hours)

<table>
<thead>
<tr>
<th>Experience</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paediatric—Medical</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Paediatric—Surgical</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Paediatric—Infectious</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Gynaecology (pure)</td>
<td>2 weeks</td>
</tr>
</tbody>
</table>

Total 12 weeks
<table>
<thead>
<tr>
<th>Subject</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gynaecology (abortions)</td>
<td>4</td>
</tr>
<tr>
<td>Labour Ward</td>
<td>20</td>
</tr>
<tr>
<td>Premature Unit and General Nursery</td>
<td>12</td>
</tr>
<tr>
<td>Lying-in Ward</td>
<td>12</td>
</tr>
<tr>
<td>Antenatal Ward</td>
<td>12</td>
</tr>
<tr>
<td>Family Planning, Antenatal and</td>
<td></td>
</tr>
<tr>
<td>Post-natal Clinics</td>
<td>8</td>
</tr>
<tr>
<td>District Puerperium</td>
<td>4</td>
</tr>
<tr>
<td>Child Welfare Clinic</td>
<td>4</td>
</tr>
<tr>
<td>Milk Kitchen</td>
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</tbody>
</table>

Total Minimum Clinical experiences: 78 weeks

90 weeks

50. The syllabus of subjects for the Certificate and Licence to practise as a Midwife is as set out in Part 3 of the Fifth Schedule.

51. (1) The training of a pupil-midwife shall include—

(a) theoretical, practical and clinical instruction and attendance upon, and the nursing of cases;

(b) attendance at a minimum of eighty per cent of the lectures on the subjects in the syllabus;

(c) conduct of antenatal examination on not less than sixty pregnant women;

(d) practical instruction in the care and supervision of women during the course of pregnancy;

(e) witnessing not less than ten labours and being in attendance upon not less than sixty such labours, making full examinations during the course of labour, personally delivering the infants, placenta and membranes and making full records thereof; and

(f) delivery in the patient’s own home or in any approved place outside of the Approved School of Midwifery of such cases as may be prescribed from time to time.
(2) All practical instructions shall be carried out by the pupil-midwife under the supervision of a midwife.

52. (1) A pupil-midwife shall maintain and keep a record of experiences received during the course of training and in addition, a special book of records (hereinafter referred to as a “Case Book”) in accordance with these Regulations.

(2) A Case Book shall record selected patient-care experiences of the pupil-midwife including reports covering the assessment and management of such number of cases as may be prescribed by these Regulations, that is to say—

(a) the history of each case;

(b) the progress of each labour managed and the puerperal care including family planning.

(3) A minimum of six cases shall be recorded in the Case Book of the pupil-midwife of which not less than three shall be of cases referred to in regulation 51(1)(f).

53. Midwifery examinations both written and practical shall be held in the months of January and July in each year.

54. (1) A one-year pupil-midwife who proposes to enter at the end of a one-year period of training—

(a) the January midwifery examinations, shall commence training not later than the first week in November of the first half of the biennial preceding the January midwifery examinations;

(b) the July midwifery examinations, shall commence training not later than the first week in May of the first half of the biennial preceding the July midwifery examinations.

(2) A two-year pupil-midwife who proposes to enter at the end of a two-year period of training—

(a) the January midwifery examinations, shall commence training not later than the first week
in November of the first third of the triennial preceding the January midwifery examinations;

(b) the July midwifery examinations, shall commence training not later than the first week in May of the first third of the triennial preceding the July midwifery examinations.

55. A two-year pupil-midwife may be granted vacation leave covering a period of three weeks on completion of the first year of training.

56. (1) An interruption of the programme of training of a pupil-midwife for a period covering more than seven consecutive working days is deemed to be a break in the training of the pupil-midwife.

(2) The appropriate authority of an Approved School of Midwifery shall notify the Council of any break in the training of a pupil-midwife.

(3) Subject to subregulation (5), where a break in the training of a pupil-midwife was caused by illness or other emergency, the Council may on application made by the pupil-midwife and approved by the appropriate authority of the Approved School of Midwifery allow the training prior to the break to be counted towards the prescribed period of training on such terms and conditions as the Council may think fit and in particular any deficiency caused by the break shall be compensated for before the pupil-midwife applies for entry to the midwifery examinations.

(4) Where the break was caused other than by illness or normal vacation leave, the Council having regard to the duration of the break may disallow the period of training prior to the break to be counted as part of the prescribed period of training.

(5) Where a break was caused by illness the application under subregulation (3) shall be accompanied by a medical certificate or other documentary evidence of illness satisfactory to the Council.
57. (1) An application to take the midwifery examinations shall be made to the Council not less than three weeks before the commencement of the examinations.

(2) The application shall be made—

(a) in the case of a one-year pupil-midwife, in the form set out as Form 8 in the First Schedule; and

(b) in the case of a two-year pupil-midwife, in the form set out as Form 9 in the First Schedule.

(3) The applicant shall forward with her application the examination fee prescribed in the Second Schedule.

(4) The application shall include evidence satisfactory to the Council that there has been compliance by the applicant with regulation 44.

58. The pupil-midwife shall, at the oral and practical parts of the midwifery examinations, present to the examiner her Case Book duly completed and signed by the Instructor of the Approved School of Midwifery authorised in that behalf and the examiner may question the pupil-midwife on any aspect of the records entered in her Case Book.

59. (1) A pupil-midwife who is unsuccessful at the first examination following the end of her programme of training shall enter the next scheduled examination and if again unsuccessful may be allowed to enter the next scheduled examination.

(2) A pupil-midwife who fails to enter an examination as provided in subregulation (1) for cause unsatisfactory to the Council, shall be deemed to have had one unsuccessful attempt at the examination.

60. (1) Notwithstanding anything in these Regulations the Council may refuse to register as a pupil-midwife or to admit to the examination or to the Register of Midwives or to issue a certificate to, any person whom it considers to be physically, mentally or morally unfit to be a midwife.
Nursing Personnel Regulations

(2) Where a person proposing to become a pupil-midwife or, being a pupil-midwife presents to the Council a birth or baptismal certificate or other document in accordance with these Regulations, which has been falsified in any way, the Council shall be entitled to postpone her registration as a pupil-midwife, or her admission to the examinations or to refuse to register her as a pupil-midwife or to admit her to the examinations or to the Register of Midwives.

61. Where it is brought to the notice of the Council that a pupil-midwife who is a candidate for the midwifery examinations, or who has been successful in the midwifery examinations and is an applicant for admission to the Register of Midwives, has been convicted of an indictable offence or has been guilty of conduct which, had he been a midwife, would in the opinion of the Council have rendered him liable to disciplinary proceedings in accordance with the procedure prescribed in these Regulations, the Council may make such reasonable investigations as may be necessary, and may, after affording him an opportunity to offer an explanation, refuse to admit him to the examinations or to the Register of Midwives, as the case may be.

62. A pupil-midwife, who has taken the midwifery examinations shall be informed by the Council of the results of the examinations.

63. A pupil-midwife who is successful in the midwifery examinations shall be awarded the Certificate of Midwifery by the Council.

64. (1) An application for registration as a midwife in the Register of Midwives shall be made to the Council.

(2) The application shall be made—
(a) in the case of a person who has been successful in the midwifery examinations, in the form set out as Form 8 in the Fourth Schedule; and

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UPDATED TO 31ST DECEMBER 2016
(b) in the case of a person trained in midwifery outside Trinidad and Tobago and seeking registration under section 21(3) of the Act, in the form set out as Form 9 in the Fourth Schedule and shall be accompanied by a Certificate as to character in the form set out as Form 4 in the Third Schedule.

(3) The applicant shall forward with her application the registration fee prescribed in the Second Schedule.

65. (1) Subject to these Regulations, a licence to practise as a midwife may be continued in force on payment of the annual registration fee prescribed in the Second Schedule.

(2) The annual registration fee shall become due on the 30th September in each year subsequent to the year in which a person was registered.

(3) Where a licence to practise as a midwife is deemed to be suspended under section 22(2) of the Act for non-payment of any annual registration fee the validity of the licence may be restored upon application made in writing to the Council and on payment of any unpaid annual registration fee and the fine prescribed in the Second Schedule.

66. (1) Subject to subregulation (2), on the expiration of a period of suspension of the registration of a midwife under section 23 of the Act, the Council shall, upon application made in writing to the Council and on payment of any unpaid annual registration fee, restore the registration of the applicant.

(2) The Council may in its discretion as a condition to restoring the registration of the applicant under subregulation (1) require him to pay any fees incurred by the Council in taking disciplinary proceedings against him.

67. (1) A person may at any time after two years from the date of cancellation of her registration as a midwife under section 23 of the Act apply in writing to the Council for restoration of her registration.
(2) The application shall be made in writing and shall state any ground upon which it is made and the names and addresses of two persons acceptable to the Council who are able and willing to give oral or written information as to the character of the applicant, the nature of her employment since the date of cancellation of his registration and such other information as the Council may require.

(3) Subject to subregulation (4), where the Council proposes to restore the registration of the applicant the registration may be restored on payment of the registration fee.

(4) The Council may in its discretion as a condition to restoring the registration of the applicant require her to pay any fees incurred by the Council in taking disciplinary proceedings against her.

(5) An applicant whose application under subregulation (1) for restoration of her registration is rejected by the Council may from time to time make a further application, but no application made before two years of the rejection of any application shall be entertained by the Council.

**TRAINING OF NURSING ASSISTANTS**

68. Subject to these Regulations, a person may be admitted to an approved training centre as a trainee if—

(a) he is of good character;

(b) he is not less than eighteen years of age and not more than forty-five years of age;

(c) he has passed the Primary School Leaving Certificate Examination or an equivalent examination or has satisfied the Council that he has attended an approved secondary school for a minimum of two years.

69. (1) An application for entry to the nursing assistant training course shall be made to the Council in the form set out as Form 10 in the Fourth Schedule.
(2) An applicant shall forward with his application—
   (a) the fee prescribed in the Second Schedule; and
   (b) such other documents as are specified in the application form or as may be required by
       the Council.

(3) The applicant shall also cause to be forwarded directly to the Council by the person or authority completing the forms—
   (a) a certificate as to character in the form set out as Form 5 in the Third Schedule; and
   (b) a certificate of commencement of the nursing assistant training course in the form set out as Form 6 in the Third Schedule.

(4) No person shall be admitted to the assessment tests of the Council for the Certificate of Enrolment as a Nursing Assistant unless he is listed with the Council as a trainee.

70. (1) The name of a trainee may be removed from the List of Trainees for failure—
   (a) except during such leave as may be permitted under these Regulations, to devote the whole of the period of training to preparation for his assessment tests and future responsibilities as a nursing assistant;
   (b) to complete the programme of training within the stipulated period; and
   (c) to enter the first assessment test following the end of the first six months of the programme of training.

(2) The name of a trainee shall at the end of two years from the date of admission to the List of Trainees be removed therefrom unless the Council in its discretion having regard to representations made by the appropriate authority of the Approved Training Centre has permitted the name to remain on the List of Trainees for a further period not exceeding six months.
(3) Where a trainee resigns or terminates his training at any stage prior to taking an assessment test which he is required to enter, the appropriate authority of the Approved Training Centre shall, within fourteen days of the resignation or termination, notify the Council in that behalf, and the name of the trainee shall be removed from the List of Trainees.

(4) Where in the opinion of the appropriate authority of an Approved Training Centre the attitude or performance of a trainee is unsatisfactory or he is otherwise unsuited to be a nursing assistant, a report shall be made to the Council with a recommendation for the removal of the name of the trainee from the List of Trainees.

(5) The Council on considering the report and recommendation under subregulation (4) and any explanation offered by the trainee may request such further reports as it may consider necessary for determining whether the name of the trainee should be removed from the List of Trainees.

(6) If on consideration of the report and recommendation and any explanation offered by the trainee the Council is satisfied that the attitude or performance of the trainee is unsatisfactory or that he is otherwise unsuited to be a nursing assistant, his name shall be removed from the List of Trainees.

71. The syllabus of subjects for the Certificate of Enrolment as a Nursing Assistant is as set out in Part 4 of the Fifth Schedule.

72. Leave of a trainee shall be calculated on a forty-four hour week basis. Any break in training exceeding two weeks at a time shall be reported to the Council by the appropriate authority of the Approved Training Centre.

73. (1) No trainee shall be admitted to the written assessment test unless he has completed a minimum of 1,056 hours of theoretical and practical experience over a period of not less than six months from the date of entry to the Approved Training Centre.
(2) No trainee shall be admitted to the practical assessment test unless he has completed a minimum of 2,068 hours of theoretical and practical experience over a period of twelve months from the date of entry to the Approved Training Centre.

(3) No trainee shall be admitted to the Roll of Nursing Assistants unless he has completed 4,092 hours of theoretical and practical experience.

74. (1) An application to sit the written assessment test shall be made to the Council in the form set out as Form 10 in the First Schedule not less than three weeks before the commencement of the test.

(2) A trainee who has been unsuccessful in the written assessment test may apply to resit the test once only, subject, however, to his also applying to sit the practical assessment test.

(3) An application to sit the practical assessment test shall be made to the Council in the form set out as Form 11 in the First Schedule not less than three weeks before the commencement of the test.

(4) The applicant shall forward with his application under subregulation (1) or (3) the assessment test fee prescribed in the Second Schedule.

(5) A trainee who has been unsuccessful in the practical assessment test may apply to resit the test once only, subject, however, to the trainee undergoing a further period of six months’ training prior to the making of his application.

75. (1) The period of internship for all trainees shall be of a duration of twelve months from the date of passing the practical assessment test.

(2) No trainee shall spend more than three months in any one section or unit of an Approved Training Centre.

(3) During the period referred to in subregulation (1)—
   (a) the training of a trainee shall cover a minimum of 2,024 hours; and
(b) at least eleven weeks shall be spent in units approved by the Council for experiences in a public health situation and shall follow the general pattern, that is to say—

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<tr>
<th>Area</th>
<th>Duration</th>
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<tr>
<td>In General Health Care</td>
<td>4 weeks</td>
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<tr>
<td>In Maternal and Child Care</td>
<td>4 weeks</td>
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<tr>
<td>In Family Planning</td>
<td>1 week</td>
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<tr>
<td>In Immunisation Programmes</td>
<td>2 weeks</td>
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</tbody>
</table>

(4) The content of training received by a trainee during the period of internship shall be recorded by the appropriate authority of the Approved Training Centre on the form set out in the Sixth Schedule and attached to the trainee’s application for enrolment as a nursing assistant.

76. (1) Notwithstanding anything in these Regulations the Council may refuse to list as a trainee or admit to the assessment tests or to the Roll of Nursing Assistants or to issue a certificate to any person whom it considers to be physically, mentally or morally unfit to be a nursing assistant.

(2) Where a person proposing to become a trainee or being a trainee presents to the Council a birth or baptismal certificate or other document in accordance with these Regulations, which has been falsified in any way, the Council shall be entitled to postpone his listing as a trainee or his admission to the assessment tests or to refuse to list him as a trainee or to admit him to the assessment tests or to the Roll of Nursing Assistants.

77. Where it is brought to the notice of the Council that a trainee has, either during the course of his training or after completion of his internship, been convicted of an indictable offence or has been guilty of conduct which had he been a Nursing Assistant, would in the opinion of the Council have rendered him liable to disciplinary proceedings in accordance with the procedure prescribed in these Regulations, the Council may after giving him an opportunity to state his case, and after making such reasonable investigations as may be necessary, refuse to admit him to the assessment tests or to the Roll of Nursing Assistants, as the case may be.
78. A trainee who has taken an assessment test shall be informed by the Council of his results at the assessment test.

ENROLMENT OF NURSING ASSISTANTS

79. (1) An application for enrolment as a nursing assistant shall be made to the Council.

(2) The application shall be made—

(a) in the case of a person who has successfully completed his period of internship, in the form set out as Form 11 in the Fourth Schedule; and

(b) in the case of a person trained as a nursing assistant outside Trinidad and Tobago, in the form set out as Form 12 in the Fourth Schedule.

(3) The applicant shall forward with his application the fee prescribed in the Second Schedule.

(4) An applicant who is admitted to the Roll of Nursing Assistants shall be awarded the Certificate of Enrolment as a Nursing Assistant by the Council.

80. (1) Subject to these Regulations, a certificate of enrolment as a nursing assistant may be continued in force on payment of the annual enrolment fee prescribed in the Second Schedule.

(2) The annual enrolment fee shall become due on the 30th September in each year subsequent to the year in which a person was enrolled.

(3) Where a certificate of enrolment is deemed to be suspended under section 35(2) of the Act the validity of the certificate may be restored upon application made in writing to the Council and on payment of any unpaid annual enrolment fee and the fine prescribed in the Second Schedule.

(4) Where a certificate of enrolment is deemed to be suspended under section 35(2) of the Act the Council may, at any time prior to an application being made for restoration of the validity
of the certificate, cause to be published a notice of the suspension of the certificate.

81. (1) Subject to subregulation (2), on the expiration of any period during which the name of a person was removed from the Roll of Nursing Assistants under section 36 of the Act, the Council shall, upon application made in writing to the Council and on payment of any unpaid annual registration fee, restore the name of the applicant to the Roll.

(2) The Council may in its discretion as a condition to restoring the name of the applicant to the Roll of Nursing Assistants under subregulation (1) require him to pay any fees incurred by the Council in taking disciplinary proceedings against him.

82. (1) A person may at any time after two years from the date of the permanent removal of his name from the Roll of Nursing Assistants under section 36 of the Act apply in writing to the Council for restoration of his name to the Roll.

(2) The application shall be made in writing and shall state any grounds upon which it is made and the names and addresses of two persons acceptable to the Council who are able and willing to give oral or written information as to the character of the applicant, the nature of his employment since the date of removal of his name from the Roll and such other information as the Council may require.

(3) Subject to subregulation (4), where the Council proposes to restore the name of the applicant to the Roll, the name may be restored on payment of the enrolment fee.

(4) The Council may in its discretion as a condition to restoring the enrolment of the applicant require him to pay any fees incurred by the Council in taking disciplinary proceedings against him.

(5) An applicant whose application under subregulation (1) for restoration of his enrolment is rejected by the Council may from time to time make a further application, but
no application made before two years of the rejection of any application shall be entertained by the Council.

**DISCIPLINARY PROCEEDINGS**

**83.** (1) Where the Council proposes to take disciplinary proceedings against a nurse, midwife or nursing assistant which may lead—

(a) to the suspension or cancellation of the registration of the nurse or midwife; or

(b) to the removal from the Roll of Nursing Assistants of the name of the nursing assistant,

the Council shall by notice in writing so inform the nurse, midwife or nursing assistant (hereinafter severally referred to as “the respondent”) at least one week before the commencement of the inquiry.

(2) The notice shall state—

(a) the grounds on which the proceedings are based and shall give particulars of the grounds;

(b) the date, place and time of the inquiry;

(c) that the respondent is entitled to be heard in his defence and to be represented by an Attorney-at-law at every stage of the inquiry; and

(d) that if the respondent fails to attend at the inquiry, without good reason, the inquiry may be proceeded with and concluded in his absence.

(3) The notice may be served on the respondent either personally or by being sent to him by registered post to the last postal address appearing in the register in which he is registered.

(4) Copies of all documents or other evidence which it is proposed to adduce in support of the charge shall be supplied to the respondent at least one week before the commencement of the inquiry.

**84.** The Council shall, for the purpose of the inquiry, appoint not less than five members of the Council as a tribunal.
85. The following procedure shall apply at the inquiry:

(a) the case against the respondent may be presented by any person, including an Attorney-at-law, on behalf of the Council;

(b) the respondent or his representative shall be given full opportunity to cross-examine any witness called by the Council;

(c) the respondent may testify on his own behalf and he or his representative may examine and re-examine any witness called to testify on his behalf;

(d) the tribunal shall cause the evidence of witnesses and all submissions made to be taken down in writing.

86. On the conclusion of the inquiry the tribunal shall submit to the Council—

(a) the record of the proceedings; and

(b) a report as to its findings.

87. (1) The Council may on consideration of the record of the proceedings and the report of the tribunal either exonerate the respondent or suspend or cancel his registration.

(2) The decision of the Council shall be immediately notified in writing to the respondent.

GENERAL

88. (1) Subject to this regulation, where a certificate of registration as a nurse or midwife or a certificate of enrolment as a nursing assistant is lost, destroyed or mutilated a new certificate of registration or enrolment may be issued upon application made in writing to the Council and on payment of the fee prescribed in the Second Schedule.

(2) An application for a new certificate on the grounds of loss or destruction of a certificate shall be accompanied by an
affidavit attesting to the loss or destruction and that to the best of the applicant’s knowledge and belief the certificate is not in the hands of any unauthorised person.

(3) A new certificate of registration or enrolment may be issued by the Council at the expiration of—

(a) not less than one year following a first application on the ground of loss or destruction of a certificate; and

(b) not less than five years following a second or any subsequent application on the ground of loss or destruction of a certificate.

(4) A mutilated certificate shall be submitted with an application for a new certificate on the ground of mutilation of the certificate.

89. (1) The Council may issue a badge to any person whose name is on any of its registers or roll on payment of the fee prescribed in the Second Schedule.

(2) The badge shall have engraved thereon the number allotted to the person in the register or roll and the nature of his registration or enrolment.

90. (1) The loss or destruction of a badge shall be reported to the Council within ten days of the loss or destruction.

(2) Subject to this regulation, where a badge is lost, destroyed or mutilated a new badge may be issued upon application made in writing to the Council and on payment of the appropriate fee.

(3) An application for a new badge on the ground of loss or destruction of a badge shall be accompanied by an affidavit attesting to the loss or destruction and that to the best of the applicant’s knowledge and belief the badge is not in the hands of any unauthorised person.
(4) A new badge may be issued by the Council at the expiration of—

(a) not less than one year following a first application on the ground of loss or destruction of a badge; and

(b) not less than five years following a second or any subsequent application on the ground of loss or destruction of a badge.

(5) A mutilated badge shall be submitted with an application for a new badge on the ground of mutilation of the badge.

91. A badge issued by the Council shall remain the property of the Council and shall be returned to the Council where the registration of the person to whom it was issued is suspended or cancelled.

92. Any person may on application made in writing to the Council and on payment of the fee prescribed in the Second Schedule be furnished with a statement under the Seal of the Council certifying that a person is, or was on any date, or is not, or was not on any date, on any of its registers.

93. (1) The Seal of the Council shall be kept in the custody of the Registrar who shall be responsible for the safe keeping thereof.

(2) The Seal of the Council shall be authenticated by the signature of the President and the Registrar.

(3) A record of the occasions on which and the purposes for which the Seal of the Council have been affixed, shall be kept by the Registrar and shall be signed by the President.
FIRST SCHEDULE

FORM 1

THE NURSING COUNCIL OF TRINIDAD AND TOBAGO

FORM OF APPLICATION FOR ADMISSION TO THE
APTITUDE TEST FOR PROSPECTIVE STUDENT NURSES
AND PUPIL-MIDWIVES

---

Complete this Application in your own handwriting

1. SURNAME (in Block Letters).................................
   (If married, place married name first, followed by the word
   “nee”; then place your maiden name)

2. Other Name(s) .......................................................
   1st                           2nd                     3rd

3. Date of Birth ........................................................

4. Place of Birth ........................................................

5. Date of Marriage ....................................................

Full Postal Address ........................................................

I hereby apply to the Nursing Council of Trinidad and Tobago to be admitted to the
Aptitude Test for prospective Student Nurses and Pupil-Midwives. I promise in the
event of my being so admitted and in consideration thereof, to be bound by and to
conform in all respects to the Regulations for the time being in force.

And I also declare that the particulars which I have entered on this Form of
Application are true and correct.
Nursing Personnel Regulations

I now remit herewith the prescribed fee and forward the following original documents, viz:

(a) Certificate of Birth (with affidavit or with Certificate of Baptism)
(b) Certificate of Marriage (if any).

I also attach my passport-sized photograph and the Council’s Form of Certificate as to Character duly completed.

................................................
Signature of Applicant

Date ............................................................

(For Office Use Only)

Documents Returned to Applicant

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<th>Certificate of Birth</th>
<th>CAM, LON or CXC</th>
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<th>Subject Shown (State ‘O’ or ‘A’)</th>
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Documents indicated above returned on ......................... and signed for by Owner in acknowledgement of receipt.

................................................
Signature

UNOFFICIAL VERSION

L.R.O.

UPDATED TO 31ST DECEMBER 2016
### FORM 2

**THE NURSING COUNCIL OF TRINIDAD AND TOBAGO**

**APPLICATION FOR ENTRY TO THE ASSESSMENT EXAMINATION FOR STUDENT NURSES**

From a person entered on the Council’s Register of Student Nurses at the ........................................ Hospital School of Nursing

I, ....................................................................................................................................... having commenced the Programme of Training on ........................................................

*(Surname first: Block Letters. Place a comma after Surname. Followed by First Name; then Second Name, etc.)*

do hereby make application for entry to the Assessment Examination prescribed for all persons completing the six-month initial phase of the Council’s Programme of Training known as the Fundamental Nursing Programme.

Date ..................................

*(To be completed by Authority of Approved School of Nursing)*

<table>
<thead>
<tr>
<th>Pattern of Leave taken by Applicant</th>
<th>Total Leave taken (in hours)</th>
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</table>

I hereby certify that this Applicant has commenced the Programme of Training on the date indicated above and that the conduct, performance and application to duty of the Applicant have been of a satisfactory standard.

Signature of Authority .................................................................

Title ........................................................................................................

Date ........................................................................................................

*(Any Name inserted here, different from that in which Student registration was effected, must be supported by documentary evidence.)*

*(For Office Use Only)*

Student registration checked and in order ☐ ☐

Registered Student Nurse Number ..............................

---

UNOFFICIAL VERSION

UPDATED TO 31ST DECEMBER 2016
FORM 3

THE NURSING COUNCIL OF TRINIDAD AND TOBAGO

FORM OF APPLICATION FOR ENTRY TO THE PRELIMINARY NURSING EXAMINATION

as prescribed in the First Schedule to Regulations drafted under section 41 of the Nursing Personnel Act

For completion by a Registered Student Nurse of the ...................................................... School of Nursing

I, ........................................................................................................................................

*(Surname first, Block Letters. Place a comma after Surname, followed by First Name; then Second Name, etc.)

a Registered Student Nurse of the institution named above, hereby apply to be admitted to the Preliminary Nursing Examination of the Council scheduled for

........................................................ (Month)                    (Year) ........................................................

I have passed the prescribed Assessment Examination held at the end of the first six months of training held in

........................................................ (Month)                    (Year) ........................................................

and have paid the Fee in the sum of $ ....................... in the manner stipulated.

........................................................ Signature of Applicant

Date ..............................................

*Any name inserted here, different from that under which Student registration was effected must be supported by documentary evidence.
Nursing Personnel

(To be completed by Authority of Approved School of Nursing)

Experience of Applicant

<table>
<thead>
<tr>
<th>Theoretical</th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lectures</td>
<td>Total experience received over the period—</td>
</tr>
<tr>
<td>Elementary Anatomy and Physiology</td>
<td>From ...........................................</td>
</tr>
<tr>
<td>Personal and Communal Health</td>
<td>To .............................................</td>
</tr>
<tr>
<td>Principles and Practice of Nursing</td>
<td>Total clinical experience (in hours) ..........</td>
</tr>
<tr>
<td>Introduction to Microbiology</td>
<td></td>
</tr>
<tr>
<td>Emergency care</td>
<td></td>
</tr>
<tr>
<td>Introduction—Study of Human Behaviour</td>
<td></td>
</tr>
<tr>
<td>Any Other(s)</td>
<td></td>
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</table>

Leave Taken by Applicant

<table>
<thead>
<tr>
<th>Type of Leave</th>
<th>No. of Hours</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sick</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Vacation</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Other Leave*</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

*Do not include normal “Days off” Total=

I, Authority of the Approved School of Nursing named above, do hereby certify that this Applicant has been a Student Nurse of the school for the period commencing 

..............................................

and that the conduct and performance of the Applicant has been satisfactory. I therefore recommend the Applicant for admission to the Preliminary Examination.

Signature of Authority of School ..............................

Title ........................................................

Date ........................................................

______________________________

UNOFFICIAL VERSION

UPDATED TO 31ST DECEMBER 2016
THE NURSING COUNCIL OF TRINIDAD AND TOBAGO

FORM 4

Fees Paid  Examination No.  Result

FORM OF APPLICATION FOR ENTRY TO THE COUNCIL’S FINAL EXAMINATION IN GENERAL NURSING

Section A

(To be completed in handwriting of Applicant)

Hospital School of Nursing .................................................................

I, ...........................................................................................................

Student Nurse of the Hospital School of Nursing named above, hereby apply to be admitted to the Final Examination of the Council scheduled for .......................................................... 20......

I have paid the Fee of $ ............... in the manner stipulated by the Council and have passed the Preliminary Examination of the Council as indicated, viz:

Preliminary Examination .................................................................

(Month) (Year)

And I also Declare that the following particulars, under which I now place my signature are true and correct:

(1) Age .......... Date of Birth .................. Date of Marriage .................

(2) Place of Birth ............................. Nationality ..............................

(3) Private Address ..........................................................................

(4) Date of Entry to the Fundamental Programme ..............................

(5) Date of successful completion of Fundamental Programme ..............

Date ........................................

Signature of Applicant

*Note: The names appearing at the top of this Application will be entered on the Council’s Certificate of Registration when it is prepared for issue, spelled in the manner and in the form or order given by the Applicant.

Certificates incorrectly prepared through the fault of the Applicant may not be amended.

Names given, if different from those under which Applicant was registered as a Student with the Council must be supported by documentary evidence.
### Section B

#### Medical, Male

<table>
<thead>
<tr>
<th>Year</th>
<th>Day</th>
<th>Evening</th>
<th>Night</th>
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</thead>
<tbody>
<tr>
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#### Medical, Female

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#### Surgical, Male

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<thead>
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<th>Day</th>
<th>Evening</th>
<th>Night</th>
</tr>
</thead>
<tbody>
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<td>4th</td>
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</table>

#### Surgical, Female

<table>
<thead>
<tr>
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<th>Day</th>
<th>Evening</th>
<th>Night</th>
</tr>
</thead>
<tbody>
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</table>

#### Paediatrics, Surgical

<table>
<thead>
<tr>
<th>Year</th>
<th>Day</th>
<th>Evening</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
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<td>4th</td>
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</table>

#### Obstetrics

<table>
<thead>
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<th>Day</th>
<th>Evening</th>
<th>Night</th>
</tr>
</thead>
<tbody>
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<td>4th</td>
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</tbody>
</table>

#### Psychiatric

<table>
<thead>
<tr>
<th>Year</th>
<th>Day</th>
<th>Evening</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
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<td>4th</td>
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</tbody>
</table>

#### Community Health

<table>
<thead>
<tr>
<th>Year</th>
<th>Day</th>
<th>Evening</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
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<tr>
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---

Mr.

Miss ...........................                 ..................................................................................................

Mrs.

Practical Experience of Student Nurse,
calculated in hours from ................................................................. to .................................................................

---

<table>
<thead>
<tr>
<th>Ward Experience</th>
<th>1st Year</th>
<th>2nd Year</th>
<th>3rd Year</th>
<th>4th Year</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Day</td>
<td>Evening</td>
<td>Night</td>
<td>Day</td>
<td>Evening</td>
</tr>
<tr>
<td>Medical, Male</td>
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<tr>
<td>Medical, Female</td>
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<tr>
<td>Surgical, Male</td>
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<td>Surgical, Female</td>
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<td>Paediatrics, Surgical</td>
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<td>Communicable Diseases</td>
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<td>Eye</td>
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<tr>
<td>Ear, Nose and Throat</td>
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<td>Outpatients' Department</td>
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<tr>
<td>Nutrition</td>
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<td>Casualty</td>
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<td>*Central Sterilising Dept.</td>
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<td>Obstetrics</td>
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<td>Psychiatric</td>
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<td>Community Health</td>
<td></td>
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</tbody>
</table>

(*If applicable)

Total Ward Experience:
APPENDIX FOR ENTRY TO THE FINAL EXAMINATION IN GENERAL NURSING — Continued

Section B — Continued

Total Hours of Practical Ward Experience =

<table>
<thead>
<tr>
<th>School: 1st Year = .......... hours</th>
<th>2nd Year = .......... hours</th>
<th>3rd Year = .......... hours</th>
<th>Total Hours, School =</th>
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</thead>
</table>

Total Leave of all Types ...

Date ........................................

Leave taken by Student over the training period calculated in hours from ................. to .................................

<table>
<thead>
<tr>
<th>Leave</th>
<th>1st Year From ... To ...</th>
<th>2nd Year From ... To ...</th>
<th>3rd Year From ... To ...</th>
<th>4th Year From ... To ...</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sick</td>
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<td>Vacation</td>
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</tr>
<tr>
<td>Other Leave*</td>
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</tr>
</tbody>
</table>

*Do not include normal “Days off”

Signature of person compiling Leave........................................................

Title ..........................................................................................................

Signature of Junior Matron compiling above data

Signature of person compiling Leave........................................................

Title ...........................................................................................................
## Section C

(To be completed by Sister Tutor of the School)

Record of Theoretical Experience of Student Nurse:

Mr.

Miss ........................................................................................................................................

Mrs.

<table>
<thead>
<tr>
<th>Name of Lecture</th>
<th>No. given</th>
<th>No. attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>General and Special Measures and Procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical conditions, Diseases and their treatment, Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery and Surgical Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gynaecology and Gynaecological Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paediatrics and the Nursing of Sick Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Materia Medica</td>
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</tr>
<tr>
<td>Dietetics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduction to Physiotherapy</td>
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<tr>
<td>Introduction to Radiotherapy</td>
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<tr>
<td>Introduction to Psychotherapy</td>
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<tr>
<td>Occupational Therapy and Rehabilitation</td>
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</tr>
<tr>
<td>Ear, Nose and Throat</td>
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</tr>
<tr>
<td>Social Aspects of Diseases</td>
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<tr>
<td>Ophthalmology</td>
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<td>Anaesthetics</td>
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<tr>
<td>Dermatology</td>
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<tr>
<td>Principles of Nursing</td>
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<td>Practice of Nursing</td>
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<tr>
<td>Special Visits</td>
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<tr>
<td>Bandaging</td>
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<tr>
<td>Any Other</td>
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</tbody>
</table>

Date .......................................................... Signature of Tutor
APPLICATION FOR ENTRY TO THE FINAL EXAMINATION IN GENERAL NURSING—Continued

Section D

(To be completed by Matron of the Hospital School of Nursing)

I hereby declare that the Student Nurse named above has been a Student of this Hospital School of Nursing for a period of

[Computation of period of study]

calculated from the date of entry into the School to the date of my signing this Form of Application, and that the theoretical and practical experiences of this Student have been as indicated above. And I further declare that the conduct and application to duty of the Student over the training period are as follows:

Nursing Skills and Performance .................................................................

Professional adjustment and deportment ...................................................

Theoretical Knowledge ..............................................................................

Signature of Matron ...............................................................................

Hospital School of Nursing ....................................................................

Date ...........................................................................................................
FORM 5

THE NURSING COUNCIL OF TRINIDAD AND TOBAGO

<table>
<thead>
<tr>
<th>Fees Paid</th>
<th>Examination No.</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Date]</td>
<td>[FM/]</td>
<td>[-]</td>
</tr>
</tbody>
</table>

FORM OF APPLICATION FOR ENTRY TO THE COUNCIL’S FINAL EXAMINATION IN PSYCHIATRIC NURSING

Section A

(To be completed in handwriting of Applicant)

Hospital School of Nursing .................................................................

I, ...........................................................................................................

(*Surname first: Block Letters. Place a comma after Surname, followed by First Name; then Second Name, etc. If married, use married name First, followed by maiden name, e.g., Smith nee Jones).

Student Nurse of the Hospital School of Nursing named above, hereby apply to be admitted to the Final Examination of the Council scheduled for .......................... 20......, I have paid the Fee of $ \[\] in the manner stipulated by the Council and have passed the Preliminary Examination of the Council as indicated, viz.:

Preliminary Examination .................................................................

And I also declare that the following particulars, under which I now place my signature are true and correct:

(1) Age ............ Date of Birth ............ Date of Marriage ............

(2) Place of Birth .................................................. Nationality ............

(3) Private Address .................................................................

(4) Date of Entry to the Fundamental Programme ..........................

(5) Date of successful completion of Fundamental Programme ..........................

\[Signature of Applicant\]

Date ............

*Note: The names appearing at the top of this Application will be entered on the Council’s Certificate of Registration when it is prepared for issue, spelled in the manner and in the form or order given by the Applicant.

Certificates incorrectly prepared through the fault of the Applicant may not be amended.

Names given, if different from those under which Applicant was registered as a Student with the Council must be supported by documentary evidence.
### APPLICATION FOR ENTRY TO THE FINAL NURSING EXAMINATION IN PSYCHIATRIC NURSING—Continued

**Section B**

Mr.
Practical Experience of Student Nurse Miss  
Mrs.

<table>
<thead>
<tr>
<th>Ward Experience</th>
<th>1st Year</th>
<th>2nd Year</th>
<th>3rd Year</th>
<th>4th Year</th>
<th>Totals</th>
</tr>
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<tbody>
<tr>
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<td>Day</td>
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<td>Night</td>
<td>Day</td>
<td>Evening</td>
</tr>
<tr>
<td>Tuberculosis, Male Ward</td>
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<tr>
<td>Tuberculosis, Female Ward</td>
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<tr>
<td>Admission Ward</td>
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<tr>
<td>Acute Sick Ward</td>
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<td>Disturbed Patients Ward</td>
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<td>Criminal Lunatic Ward</td>
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<td>Female Villa Ward</td>
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<td>Occupational and Recreational Therapy</td>
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<tr>
<td>Any Other</td>
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</tbody>
</table>

Total hours of Practical Ward Experience …
Section B—Continued

Name of Student Nurse, Mr.  Miss  Mrs.  ..............................................................................................................................................................................

School (in hours): 1st Year =  
2nd Year =  
3rd Year =  
Total Hours, School =  

Date .................................

Leave taken by Student over the training period calculated in hours from .............................. to ..................................

<table>
<thead>
<tr>
<th>Leave</th>
<th>1st Year</th>
<th>2nd Year</th>
<th>3rd Year</th>
<th>4th Year</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sick</td>
<td>... ...</td>
<td>... ...</td>
<td>... ...</td>
<td>... ...</td>
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</tr>
<tr>
<td>Vacation</td>
<td>... ...</td>
<td>... ...</td>
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<tr>
<td>Other Leave*</td>
<td>... ...</td>
<td>... ...</td>
<td>... ...</td>
<td>... ...</td>
<td></td>
</tr>
</tbody>
</table>

*Do not include normal “Days off”.

Total Leave of all Types ...

Signature of Junior Matron compiling above data

Signature of person compiling Leave

Title .................................
APPLICATION—FINAL EXAMINATION IN PSYCHIATRIC NURSING—Continued

Section C
(To be completed by Nursing Instructor)

Mr.
Theoretical Experiences of Miss .................................................................
Mrs.

<table>
<thead>
<tr>
<th>Lectures</th>
<th>No. given</th>
<th>No. attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theory and Practice of Nursing</td>
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<td>Psychiatric Nursing</td>
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<tr>
<td>Social aspects of Psychiatry</td>
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<td>Legal and administrative aspects of Psychiatric Nursing</td>
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<td>Psychology</td>
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<td>Psychiatric Medicine</td>
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<tr>
<td>Pharmacology</td>
<td></td>
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<tr>
<td>Physical Methods of Treatment</td>
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<td></td>
</tr>
<tr>
<td>Psychological Methods of Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recreational Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ward Management and Supervision</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

.................................................................

Signature of Nursing Instructor

Section D
(To be completed by Matron or Chief Male Nurse)

I hereby declare that the Applicant named above has pursued the stipulated Programme of Training at this Hospital School of Nursing for persons seeking admission to the Register of Nurses for the mentally ill for a period of ................................................ calculated from date of entry into the School to the date of my signing this Form of Application for entry to the Qualifying Examinations and that the theoretical and practical experiences of this Applicant have been as indicated herein.

And I further declare that the conduct and application to duty of the Applicant over the training period are as follows:

Nursing Skills and Performance .................................................................
Professional Adjustment and Deportment .................................................................
Theoretical Knowledge .................................................................

Date .................................................................

Signature

UNOFFICIAL VERSION
L.R.O.
UPDATED TO 31ST DECEMBER 2016
**THE NURSING COUNCIL OF TRINIDAD AND TOBAGO**

**APPLICATION FOR ENTRY TO THE FINAL EXAMINATION IN GENERAL NURSING**
(from a person currently on the Council’s Register as a Psychiatric Nurse)

**Section A**
*(To be completed in handwriting of Applicant)*

Hospital School of Nursing ...............................

I, ........................................................................................................................................

(Surname first: Block Letters. If married, use married name first, followed by maiden name,
e.g., Smith (nee Jones), followed by first name then second name, etc.)

having completed the prescribed programme of training and experience at the
Hospital School of Nursing named above, hereby apply to be admitted to the Final
Examination of the Council scheduled for ..........................................................., 20......

I have paid the Fee of $ ............... in the manner stipulated by the Council.

And I also declare that the following particulars, under which I now place my
signature are true and correct:

1. Age .................... Date of Birth ..................... Date of Marriage ......................
2. Place of Birth ...................................................................................................
3. Nationality .......................................................................................................
4. Admission to the Register of the Nursing Council of Trinidad and Tobago—
   (a) Number in the Part of the Register for Psychiatric Nurses
       ....................................................
   (b) Number(s) in any other part(s) of the Register .............................

5. Current registration—
   Psychiatric Nurse registration in full force and effect (tick off)
   Yes ☐ No ☐
   Registration(s) as mentioned in (b) above in full force and effect
   Yes ☐ No ☐
FORM 6—Continued

6. Date of commencement of Programme of Training .........................................

Permanent Private Address ..............................................................................

.................................................................

Note: The names appearing at the top of this Application will be entered on Council’s Certificate of Registration when it is prepared for issue, spelled in the manner and in the form or order given by the Applicant. Certificates incorrectly prepared through the fault of the Applicant may not be replaced.

Names given, if different from those under which Applicant was registered in the Programme, must be supported by documentary evidence.
### APPLICATION—FINAL EXAMINATION IN GENERAL NURSING—Continued

#### Section B

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<th>Experience</th>
<th>Programme of Preparation</th>
<th>Additional Experience*</th>
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<td>Medical, Male</td>
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<td>Paediatrics, Medical</td>
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<td>Communicable Diseases</td>
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<td>Eye</td>
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<td></td>
</tr>
<tr>
<td>Ear, Nose, Throat</td>
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<td>Outpatients Department</td>
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</tr>
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<td>Nutrition</td>
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<td>Central Sterilisation</td>
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<td>Neuro-Surgical</td>
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<td>Obstetrics</td>
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<tr>
<td>Psychiatric</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Total Hours of Practical Experience ...

Total Hours of School ..............................................................

*Note: These three columns marked “Additional Experience” are to be completed only for persons resitting the Examination. They should reflect additional experience since last transcript was compiled for entry to the Examinations.*
APPLICATION—FINAL EXAMINATION IN GENERAL NURSING

Section B—Continued

Leave taken over the training period (in hours)—

Sick ..............................................................................................................

Vacation ....................................................................................................

Other Leave* .............................................................................................

(*Do not include “Days off ”).
Section C

(To be completed by Nursing Instructor)

Miss
Theoretical Experience of Mrs  ............................................................................................
Mr. .....................................................................................................................................

<table>
<thead>
<tr>
<th>Lectures</th>
<th>No. Given</th>
<th>No. Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>General and Special Measures and Procedures</td>
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<td></td>
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<tr>
<td>Medical conditions, Diseases and their treatment, Nursing</td>
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<td></td>
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<tr>
<td>Surgery and Surgical Nursing</td>
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<td>Obstetrics, Gynaecology and Gynaecological Nursing</td>
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<td>Paediatrics and the Nursing of Sick Children</td>
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<tr>
<td>Pharmacology</td>
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<td></td>
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<tr>
<td>Nutrition</td>
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</tr>
<tr>
<td>Introduction to Physiotherapy</td>
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<td>Introduction to Radiotherapy</td>
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<td>Introduction to Psychiatric Nursing</td>
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<td>Occupational Therapy and Rehabilitation</td>
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<td></td>
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<tr>
<td>Ear, Nose and Throat</td>
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<td></td>
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<tr>
<td>Social Aspects of Diseases</td>
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<td>Ophthalmology</td>
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<td>Principles of Nursing</td>
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<td>Practice of Nursing</td>
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<td>Bandaging</td>
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<td>Community Health</td>
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<tr>
<td>Special Visits</td>
<td></td>
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</tr>
<tr>
<td>Any Other</td>
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</tbody>
</table>

Date ..........  

Signature of Nursing Instructor
APPLICATION—FINAL EXAMINATION IN GENERAL NURSING—Continued

Section D

(To be completed by Matron of Hospital School of Nursing)

I hereby declare that the Applicant named above has pursued the stipulated Programme of Training at this Hospital School of Nursing for persons seeking admission to the Register of General Nurses for a period of ................................. calculated from date of entry into the School to the date of my signing this Form of Application for entry to the Qualifying Examinations and that the theoretical and practical experiences of this Applicant have been as indicated herein.

And I further declare that the conduct and application to duty of this Applicant over the training period are as follows:

Nursing Skills and Performance ...........................................................
Professional Adjustment and Deportment .............................................
Theoretical Knowledge ........................................................................

Signature ....................................................
Title ............................................................
Date .............................................................
FORM 7

THE NURSING COUNCIL OF TRINIDAD AND TOBAGO

APPLICATION FOR ENTRY TO THE FINAL EXAMINATION IN PSYCHIATRIC NURSING

(from a person currently on the Council’s Register as a General Nurse)

Section A

(To be completed in handwriting of Applicant)

Hospital School of Nursing ...........................................

I, .......................................................................................................................................

having completed the prescribed programme of training and experience at the Hospital
School of Nursing named above, hereby apply to be admitted to the Final Examinations
of the Council scheduled for ................................................................., 20......

I have paid the Fee of $ .................... in the manner stipulated by the Council.

And I also declare that the following particulars, under which I now place my
signature are true and correct:

1. Age ................ Date of Birth .................. Date of Marriage ..................

2. Place of Birth ........................................................................................................

3. Nationality ............................................................................................................

4. Admission to the Register of the Nursing Council of Trinidad and Tobago—
   (a) Number in the Part of the Register for General Nurses

........................................................................................................

   (b) Number(s) in any other Part(s) of the Register .................................

5. Current registration—
   General Nurse registration in full force and effect (tick off)

   Yes ☐ No ☐

   Registration(s) as mentioned in (b) above in full force and effect

   Yes ☐ No ☐
Nursing Personnel Regulations

FORM 7—Continued

6. Date of commencement of Programme of Training ....................................

Permanent Private Address ...........................................................................

..........................................................................................................................

..........................................................................................................................

Date ..................  

Signature of Applicant

*Note: The names appearing at the top of this Application will be entered on Council’s Certificate of Registration when it is prepared for issue, spelled in the manner and in the form or order given by the Applicant. Certificates incorrectly prepared through the fault of the Applicant may not be replaced.

Names given, if different from those under which Applicant was registered in the Programme, must be supported by documentary evidence.
**APPLICATION—FINAL EXAMINATION IN PSYCHIATRIC NURSING—Continued**

**Section B**

<table>
<thead>
<tr>
<th>Practical Experience of</th>
<th>Programme of Preparation</th>
<th>Additional Experience†</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>Convalescent (short-stay)</td>
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<td>Convalescent (long-stay)</td>
<td>including epileptics</td>
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<td>Psycho-geriatrics</td>
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<tr>
<td>Children</td>
<td>Girls</td>
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<td>Psychiatric Unit</td>
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<tr>
<td>Occupational Therapy</td>
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<tr>
<td>Recreational Therapy</td>
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</tr>
<tr>
<td>Psychiatric Outpatients</td>
<td>Clinic</td>
<td></td>
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</tr>
<tr>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Total Hours of Practical Experience =</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Hours of School =</td>
<td></td>
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</tr>
</tbody>
</table>

Leave taken over the training period (in hours)—

Sick .................................................................
Vacation ..............................................................
Other Leave* ........................................................
Total .................................................................

*Do not include “Days off”.
† *Note:* These three columns marked “Additional Experience” are to be completed only for persons resitting the Examination. They should reflect additional experience since last transcript was compiled.
APPLICATION—FINAL EXAMINATION IN
PSYCHIATRIC NURSING—Continued

Section C
(To be completed by Nursing Instructor)

<table>
<thead>
<tr>
<th>Lectures</th>
<th>No. Given</th>
<th>No. Attended</th>
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<tbody>
<tr>
<td>Theory and Practice of Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social aspects of Psychiatry</td>
<td></td>
<td></td>
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<tr>
<td>Legal and administrative aspects of Psychiatric Nursing</td>
<td></td>
<td></td>
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<td>Psychology</td>
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<td>Psychiatry</td>
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<td>Psychiatric Medicine</td>
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<td>Pharmacology</td>
<td></td>
<td></td>
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<tr>
<td>Physical Methods of Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological Methods of Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recreational Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ward Management and Supervision</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Theoretical Experience of

Mr. ............................................................
Mrs. ........................................................................
Miss ......................................................................

Signature of Nursing Instructor

No. Attended

No. Given
Section D

(To be completed by Matron or Chief Male Nurse)

I hereby declare that the Applicant named above has pursued the stipulated Programme of Training at this Hospital School of Nursing for persons seeking admission to the Register of Nurses for the Mentally ill for a period of .................................................... calculated from date of entry into the School to the date of my signing this Form of Application for entry to the Qualifying Examinations and that the theoretical and practical experience of this Applicant have been as indicated herein.

And I further declare that the conduct and application to duty of the Applicant over the training period are as follows:

Nursing Skills and Performance .................................................................

Professional Adjustment and Deportment ..................................................

Theoretical Knowledge ............................................................................

Date .................................. .................................................................

Signature
FORM 8

THE NURSING COUNCIL OF TRINIDAD AND TOBAGO

(Nursing Personnel Act)

FORM OF APPLICATION FOR ADMISSION TO THE COUNCIL’S MIDWIFERY EXAMINATIONS

(on completion of a One-Year Programme of Training in the School)

Name of Applicant’s Hospital School of Midwifery ........................................................

I, ..........................................................................................................................Single

Widow

hereby apply to be admitted to the Midwifery Examinations to be held in the month of

.............................................., 20...... . I have paid the Fee of $ ............... in the manner

stipulated by Council and declare the following particulars to be true and correct:

Date of registration as a Nurse

in Trinidad and Tobago

Nurse Registration Number in

Trinidad and Tobago

Age .............. Date of Birth ...................... Date of Marriage ...........................................

Nationality ........................................ Trinidad and Tobago National Registration

Number ...............

Name of Hospital School of—

(a) General Nursing .................................................................

(b) Psychiatric Nursing ..............................................................

And I also declare that my registration as a Nurse in Trinidad and Tobago is in full
force and effect to the year ending December .........................................................

Permanent Private Address ......................................................................................

..............................................................

Date ................

Signature of Applicant

L.R.O.

UPDATED TO 31ST DECEMBER 2016
I hereby declare that this Applicant is a Nurse registered in Trinidad and Tobago and has been a pupil of the Midwifery School of this Hospital from .............. to ..............

His/Her conduct has been at all times such as to render him/her a fit and proper person to be admitted to the Examination leading to his/her registration and licensing as a Midwife in Trinidad and Tobago. *There has been no break in training. (*Delete if inapplicable).

(If applicable, complete the following):

There has been a break in training from .............. to ..............

due to .................................................................................................
.................................................................................................

He/she previously sat the Council’s Midwifery Examinations of:
.........................................................................................
.........................................................................................

Signature .........................................................................................

Junior Matron

Signature .........................................................................................

Senior Matron
APPLICATION FOR ENTRY TO THE
MIDWIFERY EXAMINATIONS

(To be used for all applicants)

(This section is to be filled by the Midwifery Tutor)

LECTURES ATTENDED

I declare that ..................................................................................................................  

(Name of Applicant)

has completed the following course of training:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Doctor’s Hours</th>
<th>Tutor’s Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy and Physiology of the Pelvis and its Organs</td>
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<td>...</td>
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<tr>
<td>The Foetus</td>
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<tr>
<td>Normal Pregnancy</td>
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<td>...</td>
</tr>
<tr>
<td>Antenatal Care</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Normal Labour</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Normal Puerperium</td>
<td>...</td>
<td>...</td>
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<tr>
<td>Diseases of Pregnancy</td>
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</tr>
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<td>Diseases associated with Pregnancy</td>
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<td>...</td>
<td>...</td>
</tr>
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<td>Abnormal Puerperium</td>
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<td>Paediatric Lectures—Newborn infant, Premature infant</td>
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<td>Obstetric Emergencies</td>
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<td>Obstetric Operations and Instruments</td>
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<td>Anaesthesia and Analgesia</td>
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<td>Vital Statistics</td>
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<td>Public Health and Social Services</td>
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<td>Venereal Diseases</td>
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<td>Mothercraft</td>
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<tr>
<td>Laws relating to the practice of Midwifery</td>
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<td>...</td>
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<tr>
<td>Others</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

*Preliminary Training School Experience Sheet attached.

Signed ...........................................            Signed ...........................................

Lecturer                                      Midwifery Tutor

(*Cross out if not applicable) Date ...........................................

UNOFFICIAL VERSION

L.R.O.

UPDATED TO 31ST DECEMBER 2016
Practical Experience of Applicant Mrs. ................................................................. Miss

(Note: This section is to be completed by the Midwifery Tutor and Junior Matron)

<table>
<thead>
<tr>
<th>Wards</th>
<th>Days</th>
<th>Hours</th>
<th>Deliveries Witnessed</th>
<th>Number</th>
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<td>*Gynaecological:</td>
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<tr>
<td>Pure</td>
<td></td>
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<td>Forceps</td>
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<td>Abortions</td>
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<td>Vacuum</td>
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<tr>
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<td></td>
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<td>Caesarean Sections</td>
<td></td>
</tr>
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<td>*Paediatric:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Medical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infectious</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Antenatal</td>
<td></td>
<td></td>
<td>Home</td>
<td></td>
</tr>
<tr>
<td>Labour</td>
<td></td>
<td></td>
<td>Hospital</td>
<td></td>
</tr>
<tr>
<td>Lying-in</td>
<td></td>
<td></td>
<td>B.B.A</td>
<td></td>
</tr>
<tr>
<td>Nursery: General</td>
<td></td>
<td></td>
<td>Vaginal Examinations</td>
<td></td>
</tr>
<tr>
<td>Premature</td>
<td></td>
<td></td>
<td>Palpations</td>
<td></td>
</tr>
<tr>
<td>Isolation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinics</th>
<th>Record of Leave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal</td>
<td>Type of Leave</td>
</tr>
<tr>
<td>Post-natal</td>
<td>Days Hours</td>
</tr>
<tr>
<td>Family Planning</td>
<td>Vacation</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>Sick</td>
</tr>
<tr>
<td>Venereal Diseases</td>
<td>Pregnancy</td>
</tr>
<tr>
<td>District Puerperium</td>
<td>Public Holidays</td>
</tr>
<tr>
<td>Milk Kitchen</td>
<td>Not on Duty</td>
</tr>
<tr>
<td>Obstetric Theatre</td>
<td>Total Leave</td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

(*To be completed for applicants who are not Registered General Nurses)

Signed .................................................................
Title .................................................................
Date .................................................................

Signature of Junior Matron

UNOFFICIAL VERSION
UPDATED TO 31ST DECEMBER 2016
FORM 9

THE NURSING COUNCIL OF TRINIDAD AND TOBAGO

(Nursing Personnel Act)

FORM OF APPLICATION FOR ADMISSION TO THE COUNCIL'S MIDWIFERY EXAMINATIONS
(on completion of a Two-Year Programme of Training in the School)

Name of Applicant’s Hospital School of Midwifery ........................................................

I, ........................................................................................................................  Single

Widow

hereby apply to be admitted to the Midwifery Examinations to be held in the month of

........., 20...... I have paid the Fee of $ .............. in the manner stipulated by

Council and declare the following particulars to be true and correct, viz:

Age .............. Date of Birth ........................ Date of Marriage .................................

Trinidad and Tobago National Registration Number ..........................................

Date of entry to Hospital School of Midwifery ........................................................

Private Permanent Address ......................................................................................

Date ............................................................................................

(Signature)

I hereby declare that the Applicant named above who is not a Registered Nurse has

......... weeks’ experience on the General Wards of this hospital and has

been a Pupil on the Obstetric Unit from  .............. to ...........................................

I further declare that his/her conduct has been at all times such as to render him/her a

fit person to be admitted to the Examinations leading to his/her registration and

licensing as a Midwife in Trinidad and Tobago.

There has been a break in training from ................................ to ......................................

He/She previously sat the Midwifery Examinations of—

..................................................... and of .................................................................

Signed..................................................... Signed .............................................................

Date ............................

(Signed)

(Junior Matron) (Senior Matron)

MINISTRY OF THE ATTORNEY GENERAL AND LEGAL AFFAIRS

www.legalaffairs.gov.tt

UNOFFICIAL VERSION

UPDATED TO 31ST DECEMBER 2016
APPLICATION FOR ENTRY TO THE MIDWIFERY EXAMINATIONS

(To be used for all applicants)

This section is to be filled by the Midwifery Tutor

LECTURES ATTENDED

I declare that .....................................................................................................................

(Name of Applicant)

has completed the following course of training:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Hours of Lectures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy and Physiology of the Pelvis and its Organs</td>
<td></td>
</tr>
<tr>
<td>The Foetus</td>
<td></td>
</tr>
<tr>
<td>Normal Pregnancy</td>
<td></td>
</tr>
<tr>
<td>Antenatal Care</td>
<td></td>
</tr>
<tr>
<td>Normal Labour</td>
<td></td>
</tr>
<tr>
<td>Normal Puerperium</td>
<td></td>
</tr>
<tr>
<td>Diseases of Pregnancy</td>
<td></td>
</tr>
<tr>
<td>Diseases associated with Pregnancy</td>
<td></td>
</tr>
<tr>
<td>Abnormal Labour</td>
<td></td>
</tr>
<tr>
<td>Abnormal Puerperium</td>
<td></td>
</tr>
<tr>
<td>Paediatric Lectures—Newborn infant, Premature infant</td>
<td></td>
</tr>
<tr>
<td>Obstetric Emergencies</td>
<td></td>
</tr>
<tr>
<td>Obstetric Operations and Instruments</td>
<td></td>
</tr>
<tr>
<td>Anaesthesia and Analgesia</td>
<td></td>
</tr>
<tr>
<td>Vital Statistics</td>
<td></td>
</tr>
<tr>
<td>Public Health and Social Services</td>
<td></td>
</tr>
<tr>
<td>Venereal Diseases</td>
<td></td>
</tr>
<tr>
<td>Mothercraft</td>
<td></td>
</tr>
<tr>
<td>Laws relating to the practice of Midwifery</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Preliminary Training School Experience Sheet attached.

Signed ...................................................... Signed ..................................................

Lecturer                                      Midwifery Tutor

(*Cross out if not applicable) Date ............................................................

Tutor’s

Doctor’s

Hours of Lectures
Practical Experience of Applicant Mrs. .................................................................
Miss

(Note: This section is to be completed by the Midwifery Tutor and Junior Matron)

<table>
<thead>
<tr>
<th>Wards</th>
<th>Days</th>
<th>Hours</th>
<th>Deliveries Witnessed</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Gynaecological:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pure</td>
<td></td>
<td></td>
<td>Forceps</td>
<td></td>
</tr>
<tr>
<td>Abortions</td>
<td></td>
<td></td>
<td>Vacuum</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Caesarean Sections</td>
<td></td>
</tr>
<tr>
<td>*Paediatric: Medical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infectious</td>
<td></td>
<td></td>
<td>Deliveries Performed</td>
<td></td>
</tr>
<tr>
<td>Antenatal</td>
<td></td>
<td></td>
<td>Home</td>
<td></td>
</tr>
<tr>
<td>Labour</td>
<td></td>
<td></td>
<td>Hospital</td>
<td></td>
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<tr>
<td>Lying-in</td>
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<tr>
<td>Nursery: General</td>
<td></td>
<td></td>
<td>Vaginal Examinations</td>
<td></td>
</tr>
<tr>
<td>Premature</td>
<td></td>
<td></td>
<td>Palpations</td>
<td></td>
</tr>
<tr>
<td>Isolation</td>
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<td></td>
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</tr>
<tr>
<td>Clinics</td>
<td></td>
<td></td>
<td>Record of Leave</td>
<td></td>
</tr>
<tr>
<td>Antenatal</td>
<td></td>
<td></td>
<td>Type of Leave</td>
<td>Days</td>
</tr>
<tr>
<td>Post-natal</td>
<td></td>
<td></td>
<td></td>
<td>Hours</td>
</tr>
<tr>
<td>Family Planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Welfare</td>
<td></td>
<td></td>
<td>Vacation</td>
<td></td>
</tr>
<tr>
<td>Venereal Diseases</td>
<td></td>
<td></td>
<td>Sick</td>
<td></td>
</tr>
<tr>
<td>District Puerperium</td>
<td></td>
<td></td>
<td>Pregnancy</td>
<td></td>
</tr>
<tr>
<td>Milk Kitchen</td>
<td></td>
<td></td>
<td>Public Holidays</td>
<td></td>
</tr>
<tr>
<td>Obstetric Theatre</td>
<td></td>
<td></td>
<td>Not on Duty</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>Total Leave</td>
<td></td>
</tr>
</tbody>
</table>

(*To be completed for applicants who are not Registered General Nurses)

Signed ........................................................................................................
Title ...........................................................................................................
Date ...........................................................................................................

Date ................................................................. Signature of Junior Matron

UNOFFICIAL VERSION
L.R.O.
UPDATED TO 31ST DECEMBER 2016
FORM 10

THE NURSING COUNCIL OF TRINIDAD AND TOBAGO

(Nursing Personnel Act, Part IV)

FORM OF APPLICATION FOR ENTRY TO THE COUNCIL’S WRITTEN ASSESSMENT TEST

(of persons listed as a Trainee in an Approved Training Centre)

Name of Training Centre ..................................................................................................

[Insert Surname first; If married, place married name, then maiden name after the word “nee”, e.g., Smith (nee Jones). Then insert other name(s)].

I, ........................................................................................................................................

hereby make application for entry to Council’s Written Assessment Test scheduled for

.........................., 20......

I have paid the Fee of $ .................... in the manner stipulated by the Council and declare

that the particulars under which I now place my signature are correct.

Age ....................... Date of Birth ............................... Nationality ..................................

Date of commencement of training .............................................................................

Permanent Private Address ..........................................................................................

.........................................................................................................................................

(To be completed by Authority of the Training Centre)

The theoretical and practical experience of the Trainee named above is as follows:

<table>
<thead>
<tr>
<th>Experience (in Hours)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Practical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theoretical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

And I hereby declare that his/her conduct has/has not been at all times such as to make him/her a fit person to be admitted to the Written Assessment Test leading to enrolment as a Nursing Assistant.

There has been a break in his/her training from ................... to ...................

due to ................................................................................................................................

..........................................................................................................................................

Signature ............................................................

Title .................................................................

Date .................................................................

UNOFFICIAL VERSION

UPDATED TO 31ST DECEMBER 2016
FORM 11

THE NURSING COUNCIL OF TRINIDAD AND TOBAGO

(Nursing Personnel Act)

FORM OF APPLICATION FOR ENTRY TO THE
COUNCIL’S PRACTICAL ASSESSMENT TEST

Name of Training Centre ..................................................................................................

I, ........................................................................................................................................

hereby make application for entry to Council’s Practical Assessment Test scheduled for 20......

I have paid the Fee of $ ............... in the manner stipulated by the Council and declare that I have passed the Written Assessment Test of ..........................................................

........................................................................................................................................

Date .................. .................................................................

(To be completed by authority of the Training Centre)

I hereby declare that the Applicant named above has completed not less than twelve (12) months theoretical and practical experience in this Training Centre and that he/she has acquired the level of attainment as outlined below over the period—

From ........................................ to .........................................................

Practical Nursing Skills and Performance ..............................................................

Professional adjustment and deportment ..............................................................

Theoretical knowledge ............................................................................................

Confidential assessment of applicant ......................................................................

..........................................................................................................................

And I also declare that his/her conduct has/has not been at all times such as to make him/her a fit person to be admitted to the Practical Assessment Test leading to enrolment as a Nursing Assistant after successful completion of the twelve (12) months compulsory practical programme.

There has been a break in his/her training from ................to ......................................

due to ................................................................................................................................

..........................................................................................................................................

Signature ..............................................................................................................

Date .......................                                     Title ............................................................

[Insert Surname first: if married, place married name, then maiden name after the word “nee”, e.g., Smith (nee Jones). Then insert other name(s)].
### Transcript of Training and Experience of—

<table>
<thead>
<tr>
<th>Theory during course</th>
<th>Practical Experience during course</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fundamentals of Nursing including—</td>
<td>Assisting in the care and rehabilitation of—</td>
<td></td>
</tr>
<tr>
<td>(a) Admission of patients—hospital regulations and routine treatment…</td>
<td>Patients on Medical Wards...</td>
<td></td>
</tr>
<tr>
<td>(b) (i) personal hygiene—care of hands, head, feet, toes…</td>
<td>Patients on Surgical Wards...</td>
<td></td>
</tr>
<tr>
<td>(ii) Bathing—bed, bathroom, special…</td>
<td>Patients on Obstetric Wards...</td>
<td></td>
</tr>
<tr>
<td>(c) Nursing Procedures—</td>
<td>Newborn patients...</td>
<td></td>
</tr>
<tr>
<td>(i) Taking—temperature, pulse, respiration…</td>
<td>Convalescents, the Aged...</td>
<td></td>
</tr>
<tr>
<td>(ii) specimen collection…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iii) observation…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iv) recording…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(v) reporting…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(vi) preparation of patient for examination…</td>
<td>Patients on Psychiatric Wards...</td>
<td></td>
</tr>
<tr>
<td>(vii) preparation and use of equipment…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(viii) enemas…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ix) administration of medicines…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(x) suppositories…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(xi) pre- and post-operative care…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(xii) last offices…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Hours…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Anatomy and Physiology as applied to Nursing and medical treatment…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Emergency measures application to—</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Haemorrhages…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Shock…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Fractures…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Sprains and Strains…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Unconsciousness…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Hours…</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify that the trainee named above has completed the Experience as set out in this Transcript.

---

### Theory during course

1. **Fundamentals of Nursing**
   - (a) Admission of patients—hospital regulations and routine treatment...
   - (b) (i) personal hygiene—care of hands, head, feet, toes...
   - (ii) Bathing—bed, bathroom, special...
   - (c) Nursing Procedures—
     - (i) Taking—temperature, pulse, respiration...
     - (ii) specimen collection...
     - (iii) observation...
     - (iv) recording...
     - (v) reporting...
     - (vi) preparation of patient for examination...
     - (vii) preparation and use of equipment...
     - (viii) enemas...
     - (ix) administration of medicines...
     - (x) suppositories...
     - (xi) pre- and post-operative care...
     - (xii) last offices...
   - Total Hours...

2. **Anatomy and Physiology as applied to Nursing and medical treatment**...

3. **Emergency measures application to**—
   - (a) Haemorrhages...
   - (b) Shock...
   - (c) Fractures...
   - (d) Sprains and Strains...
   - (e) Unconsciousness...
   - Total Hours...

---

**UNOFFICIAL VERSION**

**UPDATED TO 31ST DECEMBER 2016**
### SECOND SCHEDULE

#### I—EXAMINATION FEES

<table>
<thead>
<tr>
<th>Examination</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>On application for entry to the Aptitude Test</td>
<td>$50.00</td>
</tr>
<tr>
<td>On application for entry to the Practical Assessment Examination</td>
<td>$40.00</td>
</tr>
<tr>
<td>On application to resit one area of the Practical Assessment Examination</td>
<td>$30.00</td>
</tr>
<tr>
<td>On application for entry to the Written Assessment Examination</td>
<td>$40.00</td>
</tr>
<tr>
<td>On application to resit the Written Assessment Examination</td>
<td>$40.00</td>
</tr>
<tr>
<td>On application for entry to the Practical Preliminary Examination</td>
<td>$60.00</td>
</tr>
<tr>
<td>On application for entry to resit one area of the Practical Preliminary Examination</td>
<td>$40.00</td>
</tr>
<tr>
<td>On application for entry to the Written Preliminary Examination</td>
<td>$40.00</td>
</tr>
<tr>
<td>On application to resit the Written Preliminary Examination</td>
<td>$40.00</td>
</tr>
<tr>
<td>On application for entry to the practical examination of the Nursing Council Registration Examination</td>
<td>$200.00</td>
</tr>
<tr>
<td>On application to resit an area of the Practical Final Examination</td>
<td>$50.00</td>
</tr>
<tr>
<td>On application for entry to the written examination of the Nursing Council Registration Examination</td>
<td>$200.00</td>
</tr>
<tr>
<td>On application to resit the Written Final Examination</td>
<td>$75.00</td>
</tr>
<tr>
<td>On application to enter the Midwifery Examination</td>
<td>$75.00</td>
</tr>
<tr>
<td>On application to enter the Written Trainee Assessment</td>
<td>$60.00</td>
</tr>
<tr>
<td>On application to enter the Practical Trainee Assessment</td>
<td>$60.00</td>
</tr>
</tbody>
</table>

#### II—REGISTRATION IN TRAINING PROGRAMMES

<table>
<thead>
<tr>
<th>Registration</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>On application for registration as a Student Nurse</td>
<td>$30.00</td>
</tr>
<tr>
<td>On application for registration as a Post-Basic Student Nurse</td>
<td>$60.00</td>
</tr>
<tr>
<td>On application for registration as a 2nd Year Pupil Midwife</td>
<td>$30.00</td>
</tr>
<tr>
<td>On application for registration as a 1st Year Pupil Midwife</td>
<td>$60.00</td>
</tr>
<tr>
<td>On application for listing as a Trainee</td>
<td>$30.00</td>
</tr>
</tbody>
</table>

#### III—FEES OR ADMISSION TO REGISTER AND ROLL

On application for admission to the Register—

- Under the provisions of sections 16(2) and 21(2) of the Act...  $90.00
- Under the provision of section 16(3) of the Act...  $100.00
- Under the provisions of sections 16(4), (5), (6) and 21(3) of the Act—
  - On application...  $50.00
  - On completion of requirements for registration...  $100.00
On application for admission to the Roll—
   Of a person trained in Trinidad and Tobago … … … 90.00
   Of a person trained outside Trinidad and Tobago—
      On application … … … … … … 50.00
      On completion of requirements for enrolment … … 50.00

### IV—ANNUAL REGISTRATION AND ENROLMENT FEES

- In respect of a Certificate as a General Nurse … … … … 100.00
- In respect of a Certificate as a Psychiatric Nurse … … … … 100.00
- In respect of a licence as a Midwife … … … … … … 100.00
- In respect of a certificate as a Nursing Assistant … … … … 60.00

### V—FINES

- For failure to pay the annual registration fee, for each year of lapse or part thereof … … … … … … 300.00
- For failure to pay the annual enrolment fee, for each year of lapse or part thereof … … … … … … 300.00

### VI—SERVICES

- Use of Seal … … … … … … … … … 100.00
- On application for changes on the Register or Roll … … … 30.00
- On application for issue of fresh certificate of registration, of enrolment or of passing the aptitude test … … … … … … 50.00
- On application for issue of transcript with Seal … … … … 150.00
- On application for verification of registration to bodies, overseas and local … … … … … … 60.00
THIRD SCHEDULE

FORM 1

THE NURSING COUNCIL OF TRINIDAD AND TOBAGO

APTITUDE TEST FOR PROSPECTIVE STUDENT NURSES AND PUPIL-MIDWIVES

CERTIFICATE AS TO CHARACTER

Application Form No ............

This is to certify that I have known ................................................................. of............................................................................................................................. who is applying to enter the Aptitude Test for prospective Student Nurses and Pupil-Midwives personally, for a period of ................................................................................................... and that he/she is of good character.

Further remarks ................................................................................................
.................................................................................................................................
.................................................................................................................................
.................................................................................................................................
.................................................................................................................................
.................................................................................................................................
.................................................................................................................................
.................................................................................................................................
.................................................................................................................................

Name of person testifying ............................................................
(In Block Letters)

Occupation of person testifying ..........................................................

Address of person testifying .................................................................

Date .......................  

Signature of person testifying

NOTE: This Form should be completed by one of the following:

(i) The Principal or Vice-Principal of Applicant’s School;
(ii) The religious leader of Applicant, e.g., Priest, etc.;
(iii) A member of the Trinidad and Tobago Police Service to whom Applicant is well known.
CERTIFICATE AS TO CHARACTER

(Confidential)

To: The Registrar,
The Nursing Council of Trinidad and Tobago.

I certify that I have known..........................................................................................................
of ...........................................................................................................................................
who is applying for Registration as a Nurse, personally, for ..........................................
(period of acquaintance)
and that he/she is of good character.

Further remarks ................................................................................................................
..........................................................................................................................................
..........................................................................................................................................

Alternatively—If applicant is not personally known to testifying authority, complete the following:
I certify that ..........................................................................................................
of ...........................................................................................................................................
who is applying for Registration as a Nurse was attached to this institution as a ...............
over the period ...............................................................................
and that the records show that he/she ...............................................................................
..........................................................................................................................................
..........................................................................................................................................
..........................................................................................................................................
..........................................................................................................................................

(1) Name of person testifying ..............................................................................
(In Block Letters)
(2) Address of person testifying ...........................................................................
(3) Occupation/official title of person testifying ..................................................
(4) Signature of person testifying ...........................................................................

Note: This Certificate must on completion be returned directly to—
The Registrar, The Nursing Council of Trinidad and Tobago, ..........................................
..........................................................................................................................................
...........................................................................................................................................
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UNOFFICIAL VERSION
UPDATED TO 31ST DECEMBER 2016
FORM 3
THE NURSING COUNCIL OF TRINIDAD AND TOBAGO
(Nursing Personnel Act)

CERTIFICATE AS TO CHARACTER

Ref. No.:

AR/ ....................

(Confidential)

To: The Registrar,
The Nursing Council of Trinidad and Tobago.

I certify that I have known ................................................................................................
of ........................................................................................................................................
who is applying for Registration as a Psychiatric Nurse, personally for
...........................................................................................................................................
(State period of acquaintance)
and that he/she is of good character.

Further remarks ................................................................................................................
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1. Name of person testifying ............................................................................................
2. Address of person testifying .........................................................................................
3. Occupation of person testifying ...................................................................................
4. Date .............................................................................................................................. (In Block letters)
5. Signature of person testifying ......................................................................................

NOTE: This Certificate must be returned directly to—
The Registrar,
The Nursing Council of Trinidad and Tobago,
............................................................., Port-of-Spain,
Trinidad and Tobago, W.I.
FORM 4

THE NURSING COUNCIL OF TRINIDAD AND TOBAGO

(Nursing Personnel Act)

CERTIFICATE AS TO CHARACTER

(Confidential)

To: The Registrar,
The Nursing Council of Trinidad and Tobago.

I certify that I have known ......................................................................................
of ...............................................................................................................................
who is applying for Registration and Licensing as a Midwife, personally, for
...............................................................................................................................

(Period of acquaintance)

Further remarks ..........................................................................................................
..............................................................................................................................
..............................................................................................................................
..............................................................................................................................

Alternatively—If applicant is not personally known to testifying authority, complete
the following:

I certify that ..............................................................................................................
of ...............................................................................................................................
who is applying for Registration and Licensing as a Midwife was attached to
this institution as a ............................................................................................... over the
period ...................................................................................................................... to ............................................................................................... and that the records show that he/she .........................................................
..............................................................................................................................
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..............................................................................................................................
..............................................................................................................................

(1) Name of person testifying .............................................................................

(2) Address of person testifying ................................................................. (In Block Letters)
..............................................................................................................................

(3) Occupation/official title of person testifying ..................................................

(4) Signature of person testifying ..........................................................................

NOTE: This Certificate must on completion be returned directly to—
The Registrar, The Nursing Council of Trinidad and Tobago, .......................
Port-of-Spain, Trinidad, Trinidad and Tobago, West Indies.
FORM 5

THE NURSING COUNCIL OF TRINIDAD AND TOBAGO

(Nursing Personnel Act—Part IV)

CERTIFICATE AS TO CHARACTER OF APPLICANT

(For persons selected to undergo Nursing Assistant Training
in Approved Training Centres)

(Confidential)

This is to certify that I have known .................................................................
of .........................................................................................................................
(Address)

who anticipates entry to Council’s Nursing Assistant programme at an Approved
Training Centre, and that I have been acquainted with her/him for a period of .............

I now state what I know of her/him as follows:

Living habits ...............................................
Education ...............................................
Health ...............................................
Interpersonal Relationships .............................................
Any Others ...............................................

Name of person testifying* .................................................................
(In Block Letters)

Occupation of person testifying .................................................................
Address of person testifying .................................................................

Date ....................... .................................................................

Signature of person testifying

*NOTE: This Form when completed is to be returned directly by the person completing to
The Registrar, The Nursing Council of Trinidad and Tobago .........................,
Port-of-Spain.

This Form is to be completed by any one of the following:
A Registered Medical Practitioner;
A Registered Nurse;
A Principal of Applicant’s School; or
Applicant’s Priest or Religious Leader.
FORM 6

THE NURSING COUNCIL OF TRINIDAD AND TOBAGO

(Nursing Personnel Act—Part IV)

CERTIFICATE OF COMMENCEMENT OF NURSING ASSISTANT COURSE

I, Authority of

..........................................................................................................................................

(Name of Approved Training Centre)

do hereby certify that the person named on this Certificate commenced the Council’s Nursing Assistant Course on the date indicated and I have had evidence that she/he has made application in the prescribed manner for listing with the Council as a Trainee of this Centre.

..........................................................................................................................................

Full Name of Trainee. (Surname first in Block Letters. If married, place married name first followed by maiden name after word “nee”).

Date of Commencement of training ..............................................................................

Signature ......................................................................................................................

Title .............................................................................................................................

Date .............................................................................................................................
THE NURSING COUNCIL OF TRINIDAD AND TOBAGO

APPLICATION FOR REGISTRATION AS A STUDENT NURSE

(To be completed in Handwriting of Applicant)

A: I, .......................................................................................

(Surname (in Block Letters: if married, write Married Name first: then write Maiden name after word “nee”.)

(Other Name(s) 1st 2nd 3rd)

now in training at the .......................................................

Hospital School of Nursing do hereby apply for Registration with the Council as a Student Nurse, and I declare that all the particulars I insert below are true and correct:

State whether Married, Single or Widow ............................................................

Date of Birth ........................................................................................................

Nationality ............................................................................................................

Tick off the qualification whereby you secured entry to training, viz:

Received Council’s Education Test □ Received Council’s Letter of Exemption □ Received Council’s permission to continue training □

commenced overseas/elsewhere □

If you had on a previous occasion commenced training, state—

(a) Name of the Hospital School of Nursing .......................................................

(b) Date of entry to the School referred to in (a) above ........................................

(c) Date of termination of such training ..............................................................

Name the Programme of Training for which you are now making application for registration:

.................................................................

Signature of Applicant ...........................................................................................

Full Permanent Postal Address ..............................................................................
B: (To be completed by the Authority of the Hospital School of Nursing)

I hereby certify that the Applicant named above was admitted to this Hospital School of Nursing on the ........................................ day of .................................................., 20......

And having been considered a suitable candidate for training, I now make application for her/him to be placed on the List of Student Nurses maintained by the Nursing Council of Trinidad and Tobago and remit herewith the Fees prescribed for Student Nurse registration.

Signature ...............................................................................

Official Title ...........................................................................

(For Office Use Only)

Receipt for Fees paid .................... Registered Student Number

Date of submission of application ..................

Any Change of Name subsequent to becoming qualified for selection as a Student Nurse—

Registrar of Council

Date .................
Nursing Personnel Regulations

FORM 2

Registrationreceipt

No. ....................... No. ........................

THE NURSING COUNCIL OF TRINIDAD AND TOBAGO

(Nursing Personnel Act)

APPLICATION FOR REGISTRATION AS A STUDENT OF
A POST-BASIC PROGRAMME

at the .....................................................................................Hospital School of Nursing

A. [To be completed in Handwriting of Applicant]

1. Surname* ........................................................................

(IndBlock Letters: if married, insert Married Name
first: then write Maiden name after the word “nee”.)

2. Other Name(s) ..............................................................

3. State whether Married, Single, Widow(ed) .................

4. Date of Birth ...................... Nationality ...........................

5. Tick off the qualification whereby you secured entry to
the Programme—
   Registered General Nurse  ☐
   Registered Psychiatric Nurse ☐

6. Date of registration as a Nurse in Trinidad and Tobago ................................................

7. Number of Trinidad and Tobago Certificate of Registration ........................................

8. State the Programme for which you are making application—

I declare that all the particulars I have entered above are true and correct and
that my registration as a Nurse in Trinidad and Tobago is in full force and effect.

Signature ..........................................................................................................

Full Permanent Postal Address ..........................................................................................

* (NOTE: If the name under which application is being made is different from that under
which Nurse registration was effected, documentary evidence of such change must be
submitted, e.g., Certificate of Marriage, etc.)
B. (To be completed by the Authority of the Service area in which applicant is employed).

I hereby certify that the Applicant named above was admitted to

..........................................................................................................................................

(Name department of Service)

.......................................................................................................................................  

(Date of Appointment)

and having been considered a suitable candidate for further training, I now endorse her/his application for registration in the Programme as stated.

Signature ..............................................................................................................

Official Title ............................................................................................................

C. (To be completed by the Authority of the Hospital School in which Programme is pursued).

I hereby certify that the Applicant named above was admitted to the .........................

Hospital School of Nursing on the .................................................................................................

day of ........................................................................................................................................... 20....

and on his/her behalf, I now make application for admission to the Council’s Register of Students for the purpose of the Programme specified and remit herewith Fees of Student registration.

Signature .........................................................................................................................

Official Title .........................................................................................................................

Date ........................................................................................................................................
FORM 3
THE NURSING COUNCIL OF TRINIDAD AND TOBAGO

(Nursing Personnel Act)

APPLICATION FOR THE GRANT OF A CERTIFICATE OF REGISTRATION AS A GENERAL NURSE

to a person claiming entitlement under Part II, section 16(2) of the Act.

The Registrar,
The Nursing Council of Trinidad and Tobago.

(1) Surname (Block Letters)............................................................................................................

(2) Other Name(s) ..........................................................................................................................

1st                           2nd                           3rd

(3) Date of Birth ..........................................................................................................................

(date)                   (month)                       (year)

(4) State whether single, married or widowed ............................................................................

(5) If married, state maiden name .............................................................................................

(6) Full postal permanent address ..............................................................................................

I hereby request The Nursing Council of Trinidad and Tobago to grant me the necessary Certificate of Registration stating that my name has been placed on the Register of General Nurses maintained by the Council, as I have qualified by Council’s Examination of ................................................................................................................

I promise in the event of my being so registered and in consideration thereof, to be bound by, and to conform in all respects to the Rules and Regulations for the time being in force.

I hereby declare that I am over the age of 21, that I—

(tick off where applicable)

(a) have presented Certificate of Birth with application for entry to the qualifying Examination               ...            ...            ...            ...            ...

(b) have presented Certificate of Marriage with application for entry to the qualifying Examination               ...            ...            ...            ...            ...

or

(c) having changed my name due to marriage subsequent to passing the qualifying Examination, I now present Certificate of Marriage in support of same               ...            ...            ...            ...            ...

or

(d) having omitted to enter all my names on the application for entry to the qualifying Examination, I now present document(s) in support of additional names               ...            ...            ...            ...            ...

and now attach the Fee prescribed by the Council for admission to its Register of Nurses.

Signature of Applicant ...................................................................................................................

Date of Application ....................................................................................................................

L.R.O.

UNOFFICIAL VERSION

UPDATED TO 31ST DECEMBER 2016
Nursing Personnel Regulations

(To be completed by the Authority of the Approved Hospital School of Nursing)

I hereby certify that the Applicant named above has successfully completed the prescribed course of training at the ................................................................. School and is thus entitled to be admitted to the Register maintained by the Council and I further declare that he/she is a fit and proper person to assume the responsibilities of a Registered Nurse.

Signature ........................................................................................................

Official Title ........................................................................................................

_____________________________
FORM 4
THE NURSING COUNCIL OF TRINIDAD AND TOBAGO
(Nursing Personnel Act)

I hereby request The Nursing Council of Trinidad and Tobago to grant me the necessary Certificate of Registration in evidence of my name having been placed on the Register of General Nurses maintained by the Council.

I promise in the event of my being so registered and in consideration thereof, to be bound by, and to conform in all respects to the Rules and Regulations for the time being in force.

I now submit documents attesting to my identity and qualifications and the Fee as prescribed by the Council.

And I declare that the particulars hereunder to which I affix my signature are true and correct:

A. Particulars of Identity

<table>
<thead>
<tr>
<th>Full Name (Surname first)</th>
<th>Block Letters</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If married, Maiden Name

Date of Birth

Date of Marriage

Place of Birth

Nationality

Full Postal Permanent Address

B. Professional qualifications

<table>
<thead>
<tr>
<th>Name and Address of Training Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Period of Training — From To

Name and Address of Nurse registering body in State/Province where above training was undergone —

Date of Nurse registration by above body:

Fees

Paid $ Date

AR/ ....... Fees

Date ..................

Affix Passport Sized Photograph Here

UNOFFICIAL VERSION L.R.O.

UPDATED TO 31ST DECEMBER 2016
Number of Certificate of Registration— ..............................................
Certificate of Registration in force
(tick off) ☐ Yes ☐ *No
(*State reason fully at back of this Form)
Professional qualifications (other than General Nurse):
................................................................................................................ Date: ..............
................................................................................................................ Date: ..............
................................................................................................................ Date: ..............

C. Basic
Category of Basic Education (tick off)—
Primary ☐ Secondary ☐ University ☐
Educational Certificates/Diplomas/Degrees, etc., gained—
................................................................................................................
................................................................................................................
................................................................................................................
................................................................................................................
Have you taken the Council’s Aptitude Test? (tick off)
Yes ☐ No ☐

D. General
Outline, giving dates, General Nurse experiences received within the last TWO (2) years—
................................................................................................................
................................................................................................................
................................................................................................................
................................................................................................................
Any Other ..............................................................................................
................................................................................................................
................................................................................................................

Explain—Cancellation of Certificate of Registration, Certification by waiver, etc.
Signature of Applicant ..............................................................................
Date ...........................................................................................................

(For Office Use only)
Original documents returned to Applicant on ..............................................
viz. ..............................................................................................................
................................................................................................................
................................................................................................................

Signature of Applicant ..............................................................................

UNOFFICIAL VERSION
UPDATED TO 31ST DECEMBER 2016
THE NURSING COUNCIL OF TRINIDAD AND TOBAGO

[Nursing Personnel Act, Sec. 16(2)]

Application for the grant of a Certificate of Registration as a Psychiatric Nurse to a person passing the Council’s Qualifying Examinations.

The Registrar,
The Nursing Council of Trinidad and Tobago.

(1) Surname (Block Letters) ...........................................................................................
(2) Other Name(s) ...........................................................................................................
    1st 2nd 3rd
(3) State whether single, married or widow .................................................................
(4) If married, state maiden name .................................................................................
(5) Full postal permanent address ..................................................................................

I hereby request the Nursing Council of Trinidad and Tobago to grant me the necessary Certificate of Registration stating that my name has been placed on the Register of Psychiatric Nurses (R.M.N.) maintained by the Council. I promise in the event of my being so registered and in consideration thereof, to be bound by, and to conform in all respects to the Rules and Regulations for the time being in force.

I hereby declare that I am over the age of 21, that I—

(tick off where applicable)

(a) have presented Certificate of Birth with application for entry to the qualifying Examination ...
    ...
    ...
    ...

(b) have presented Certificate of Marriage with application for entry to the qualifying Examination ...
    ...
    ...
    ...

or

(c) having changed my name due to marriage subsequent to passing Council’s qualifying Examination, I now present Certificate of Marriage in support of same ...
    ...
    ...
    ...

or

(d) having omitted to enter all my names on the application for entry to the qualifying Examination, I now present document(s) in support of additional names ...
    ...
    ...
    ...

and now enclose the Fee prescribed by the Council for admission to its Register.

Date of Application .................. ................................................................

Signature of Applicant
(To be completed by the Authority of the Approved School of Training)

I hereby certify that the Applicant named above has successfully completed the prescribed course of training at the St. Ann’s Hospital School of Nursing and is thus entitled to be admitted to the Register maintained by the Council and I further declare that he/she is a fit and proper person to assume the responsibilities of a Registered Psychiatric Nurse.

...............................................................

...............................................................

Signature

...............................................................

Official Title
THE NURSING COUNCIL OF TRINIDAD AND TOBAGO

(Nursing Personnel Act)

FORM OF APPLICATION FOR ADMISSION TO THE REGISTER OF PSYCHIATRIC NURSES

(for Applicants trained Overseas)

I hereby request The Nursing Council of Trinidad and Tobago to grant me the necessary Certificate of Registration in evidence of my name having been placed on the Register of Psychiatric Nurses maintained by the Council.

I promise in the event of my being so registered and in consideration thereof, to be bound by, and to conform in all respects to the Rules and Regulations for the time being in force.

I now submit documents attesting to my identity and qualifications and the Fee as prescribed by the Council.

And I declare that the particulars hereunder to which I affix my signature are true and correct:

A. Particulars of Identity

(Full Names) Surname (Block Letters): .................................................................

1st Name ........................................ 2nd Name ...........................................

3rd Name ........................................ 4th Name ...........................................

If married, Maiden Name .............................................................................................

Date of Birth .................................. Date of Marriage ........................................

Place of Birth .................................................................

Nationality ......................................................................................................................

Full Postal Permanent Address .....................................................................................

........................................................................................................................................

AR/ ....................

Fees
Rec. No. .................
Date .....................

Affix Passport Sized Photograph Here
B. Professional qualifications

Name and Address of Institution of Training—
..........................................................................................................................................
..........................................................................................................................................

Period of Training

From ........................................ to ....................................................................
..........................................................................................................................................

Name and Address of Registering body in State/Province where above training was undergone—
..........................................................................................................................................
..........................................................................................................................................

Date of Registration by the above body .................................................................

Number of Certificate of Registration .............................................................

Is the above Certificate of Registration in force? (tick off)

Yes ☐ No ☐

*State reason fully below—
..........................................................................................................................................
..........................................................................................................................................
..........................................................................................................................................
..........................................................................................................................................
..........................................................................................................................................

Professional qualifications (other than Psychiatric Nurse):

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Date obtained</th>
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</tr>
</tbody>
</table>

C. Basic Education

Primary

From .................... To ...........................................

Certificate gained ............................................................

Secondary

From .................... To ...........................................

*Certificate/Diploma gained ..................................................

University

From .................... To ...........................................

Degree/Diploma gained ............................................................

Have you taken the Aptitude Test for Prospective Student Nurses of this Council? (tick off)—

Yes ☐ No ☐

(*If a G.C.E. or CXC Certificate, state number of Subject passes gained.)
D. General Experiences

Outline, giving dates, experiences received as a Psychiatric Nurse within the last two (2) years—

...................................................................................... From .................. To ..................
...................................................................................... From .................. To ..................
...................................................................................... From .................. To ..................
...................................................................................... From .................. To ..................
...................................................................................... From .................. To ..................

Any Other Experiences

...................................................................................... From .................. To ..................
...................................................................................... From .................. To ..................
...................................................................................... From .................. To ..................

Signature of Applicant ......................................................
Date .....................................................................................

(For Office Use only)

Original documents returned to Applicant on ...........................................

Personally ☐ By Registered ☐ By Registered Inland ☐
Airmail ☐ Mail ☐

(tick off as applicable)

Certificate of Registration, No ................ of ...........................................................
Certificate of Birth ☐ Certificate of Marriage ☐ Certificate of Baptism ☐

Any Other Document or Documents—

..........................................................................................................................................
..........................................................................................................................................

Signature of Owner of Documents .................................................................

or

Signature of Mailing Clerk .................................................................

UNOFFICIAL VERSION

UPDATED TO 31ST DECEMBER 2016
APPLICATION FOR REGISTRATION AS A PUPIL-MIDWIFE

of the ............................................... Hospital School of Midwifery

A: (To be completed in Applicant's handwriting)

1. Surname .................................................................
   (In Block Letters: if married, write Married Name first; then write Maiden Name after the word "nee").

2. Other Name(s) ............................................................

3. State whether Married, Single
   or Widowed ..........................................................

4. Date of Birth ..........................................................

5. If married, Date of Marriage .................................

6. Nationality ............................................................

7. Place a tick against the qualification whereby you secured entry to training as a Pupil-Midwife, viz:
   
   Registered Nurse of Trinidad and Tobago, i.e.,
   R.N. Number ..................................................  
   R.M.N. Number .............................................  
   E.P.M. Number .............................................  
   Received Council's Aptitude Test Certificate .........
   
8. If previously you received training in a Hospital School of Nursing, state—
   (a) Name of Hospital School of Nursing ....................
   (b) Date of entry to the above Hospital School ............
   (c) Date of termination of training ..........................

9. State length of the Midwifery Course for which you are now applying for registration..............................

I declare that all the particulars I have entered above are true and correct and hereby make application for registration as a Pupil-Midwife with the Council.

Signature of Applicant ................................................

Full Permanent Postal Address ............................................

(If you have more than one address, give details of your Permanent Address and all other addresses which you have used during the last five years.)

Affix Passport Sized Photograph Here

Regulation 46(1).
B: (To be completed by Authority of School of Midwifery)

I hereby certify that the Applicant named above was admitted to this Hospital School of Midwifery
on the ................................ day of ................................................................., 20.....

and having been considered a suitable candidate for training, I now make application
for her to be placed on the List of Pupil-Midwives maintained by The Nursing Council of Trinidad and Tobago and remit herewith the Fees prescribed for pupil-midwife registration.

Signature ........................................

Fee Receipt No:

(For Office Use Only)

The particulars entered above by Applicant are true and correct as certified by the records of The Nursing Council of Trinidad and Tobago.

Signature .................................

Registered Pupil-Midwife No.
FORM 8

THE NURSING COUNCIL OF TRINIDAD AND TOBAGO

(Nursing Personnel Act)

APPLICATION FOR THE GRANT OF REGISTRATION AND LICENCE TO PRACTISE AS A MIDWIFE TO A PERSON PASSING THE COUNCIL'S QUALIFYING EXAMINATION AS PROVIDED BY SEC. 21(2) OF THE ACT

The Registrar,
The Nursing Council of Trinidad and Tobago.

(1) Surname (Block Letters) ...........................................................................................................
(2) Other Name(s) ........................................................................................................................

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
</tr>
</thead>
</table>

(3) State whether single, married or widowed ..........................................................................
(4) If married or widowed, state maiden name ........................................................................
(5) Full postal permanent address ...........................................................................................

I hereby request The Nursing Council of Trinidad and Tobago to grant me the necessary Licence to Practise as a Midwife in Trinidad and Tobago as I have been successful at the Council’s Midwifery Examinations of Month Year and to enter my name on the Council’s Register of Midwives.

I promise in the event of my being so registered and in consideration thereof, to be bound by, and to conform in all respects to the Rules and Regulations for the time being in force.

I hereby declare that I am over the age of 21, that I—

(tick off as applicable)

(a) have presented my Certificate of Birth with application for entry to the qualifying Examination referred above  ...  ...  ...  
(b) have presented my Certificate of Marriage with application for entry to the said qualifying Examination  ...  ...  
(c) having changed my name due to marriage subsequent to passing the said qualifying Examination, I now present my Certificate of Marriage in support of same  ...  ...  ...  ...

or

(d) having omitted to enter all my names on the application for entry to the said qualifying Examination, I now present document(s) in support of additional names  ...  ...  ...  ...

and now enclose the Fee prescribed by the Council for admission to its Register and the grant of a licence to Practise as a Midwife.

Signature of Applicant ..........................................................................................

Date of Application ..........................................................................................
I hereby certify that the Applicant named above has successfully completed the prescribed course of training at the Hospital School of Midwifery and is thus entitled to be admitted to the Register maintained by the Council and to receive the Council’s Licence to Practise as a Midwife and I further declare that he/she is a fit and proper person to assume the responsibilities of a Licensed Midwife.

Signature

Official Title
FORM 9
THE NURSING COUNCIL OF TRINIDAD AND TOBAGO
(Nursing Personnel Act)

APPLYING FOR REGISTRATION AND LICENCE TO
PRACTISE (AS A MIDWIFE UNDER THE PROVISIONS
OF SECTION 21(3) OF THE ACT)

Registrar,
The Nursing Council of Trinidad and Tobago.

I hereby request The Nursing Council of Trinidad and
Tobago to grant me the necessary Certificate of
Registration and Licence to Practise as a Midwife.

I now submit documents attesting to my identity and
qualifications and the Fee as prescribed by the Council.

And I declare that the particulars hereunder to which I
affix my signature are true and correct.

A. Particulars of Identity
Full Name (Surname first) .................................................................
Block Letters
1st Name ........................................... 2nd Name .................................
3rd Name ........................................... 4th Name .................................
If married, Maiden Name .................................................................
Date of Birth ...................................... Date of Marriage ........................
Place of Birth ................................................................................
Nationality .................................................................................
Full Postal Permanent Address .........................................................
.................................................................................................

B. Professional qualifications
Name and Address of Institution of Training—
.................................................................................................
.................................................................................................

UNOFFICIAL VERSION
UPDATED TO 31ST DECEMBER 2016
Period of Training—

From .............................................. To ..............................................................................

Name and Address of Licensing body in State/Province where above training
was undergone—

..........................................................................................................................................
..........................................................................................................................................

Date of Licensing by the above body: ..............................................................................

Number of Licence as a Midwife: ....................................................................................

Is the above Licence in force? (tick off)

Yes ☐ *No ☐

*State reason fully below—

..........................................................................................................................................
..........................................................................................................................................
..........................................................................................................................................
..........................................................................................................................................

Professional qualifications (other than Licensed Midwife)—

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Date obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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C. Basic Education

Primary: From ............... To .................................................................

Certificate gained: .........................................................................................

Secondary: From ............... To .................................................................

*Certificate/Diploma gained: ..............................................................................

University: From ............... To .................................................................

Degree/Diploma gained: .....................................................................................

Have you taken the Aptitude Test for Prospective Student Nurses and Midwives of this
Council? (tick off)—

Yes ☐ *No ☐

(*If a G.C.E. or CXC Certificate, state number of Subject Passes gained)
D. Employment to the present time
State places of employment to date, giving dates—

<table>
<thead>
<tr>
<th>Names and Addresses</th>
<th>From</th>
<th>To</th>
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</table>

Signature of Applicant: .................................................................
Date: ................................................................................................

(For Office Use Only)
Original documents returned to Applicant on .................................................................
Personally □  By Registered □  By Registered □
Airmail □  Inland Mail □
(tick off as applicable)
Certificate of Licence to Practise as a Midwife, No. ........................................................
of ........................................................................................................
Certificate of Birth □  with affidavit □  Certificate of Marriage □
Certificate of Baptism □
Any other document or documents: ..............................................................................
.......................................................................................................................
.......................................................................................................................
.......................................................................................................................

Signature of owner of documents ..................................................................................

or

Signature of Mailing Clerk ............................................................................................

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UNOFFICIAL VERSION

UPDATED TO 31ST DECEMBER 2016
FORM 10

THE NURSING COUNCIL OF TRINIDAD AND TOBAGO

(Nursing Personnel Act—Part IV)

APPLICATION FOR ENTRY INTO COUNCIL’S NURSING ASSISTANT TRAINING COURSES

(To be completed in Applicant’s handwriting)

I hereby make application for approval of Council for entry into the Nursing Assistant Training Course at

………………….. (Name of Training Centre)

I now state the following particulars:

(1) Name in full .................................................................
    (Surname first, Block Letters)
    …………………………………………………………………

(2) State whether married, single or widowed
    …………………………………………………………………

(3) If married, state maiden name
    …………………………………………………………………

(4) Date of Birth ..........................................................

(5) Date of Marriage …………………………………………

(6) Education:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Attendance From</th>
<th>Attendance To</th>
<th>Certificate gained</th>
</tr>
</thead>
</table>

In support of the particulars, I attach (tick off)

Certificate of Birth ☐ Certificate of Baptism ☐
Affidavit ☐ Certificate of Marriage ☐
Primary School Leaving Certificate ☐
Testimonials regarding education ……………………………………………………………

(State number: 1, 2, 3, etc.)

(7) State whether you have ever applied to write Council’s Aptitude Test Yes or No ……………………………………………………………

If “Yes”, state:—Passed, Failed, did not sit …………………………………………

I declare all the particulars entered above to be true and correct and remit the prescribed Fees with this Application.

Signature ………………………………………… Date ………

Full Postal Permanent Address …………………………………………………

…………………………………………………………………………………………...
### Documents indicated received

<table>
<thead>
<tr>
<th>Document</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>Certificate of Birth</td>
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<tr>
<td>Certificate of Marriage</td>
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<tr>
<td>Affidavit</td>
<td></td>
</tr>
<tr>
<td>Certificate of Baptism</td>
<td></td>
</tr>
<tr>
<td>Primary School Leaving Certificate</td>
<td></td>
</tr>
<tr>
<td>Testimonial(s)</td>
<td></td>
</tr>
</tbody>
</table>

Trainee registration number

Application approved on

Signature of Owner

---

Registrar of Council
FORM 11

THE NURSING COUNCIL OF TRINIDAD AND TOBAGO
(Nursing Personnel Act)
(PART IV—ENROLLED NURSING ASSISTANTS)

FORM OF APPLICATION FOR ENROLMENT AS A
NURSING ASSISTANT
(of persons completing the prescribed course of training at Approved Training Centres)

Receipt No. /..........................

The Registrar,
The Nursing Council of Trinidad and Tobago.

(1) Surname (Block Letters) ...........................................................................................
(2) Other Name(s) ...........................................................................................................

1st                           2nd                                            3rd

(3) State whether single, married or widowed ...............................................................
(4) If married, state maiden name ..............................................................................
(5) Full postal permanent address ..............................................................................

I hereby request the Nursing Council of Trinidad and Tobago to grant me the necessary
Certificate of Enrolment stating that my name has been placed on the Roll of Nursing
Assistants maintained by the Council.

I promise in the event of my being so enrolled and in consideration thereof, to be
bound by, and to conform in all respects to the Rules and Regulations for the time being
in force.

I now submit the Fee of $ ..................... with this application.

Date ....................   ..............................................................................

(To be Completed by Authority of Training Centre)

I hereby certify that the Applicant named above has successfully completed the
prescribed course of training at the ...............................................................Centre and is now eligible to make application for admission to the Roll maintained by
the Council.

I now attach to this application a transcript of experience she/he has undergone over
the period—
from ........................................ to ..........................................................
in evidence of her/his completion of the prescribed experience and training.

Signature of Authority ......................................................................................
Title ..................................................................................................................
Date ..................................................................................................................

Signature of Applicant

UNOFFICIAL VERSION

L.R.O.

UPDATED TO 31ST DECEMBER 2016
FORM 12

THE NURSING COUNCIL OF TRINIDAD AND TOBAGO

(Nursing Personnel Act)

APPLICATION FOR ENROLMENT AS A NURSING ASSISTANT IN TRINIDAD AND TOBAGO

I. [To be completed in handwriting of Applicant]

I hereby make application to be Enrolled by the Nursing Council of Trinidad and Tobago under the provisions of section 33 of the Nursing Personnel Act, and the grant to me of a Certificate of Enrolment stating that my name has been placed on the Roll of Nursing Assistants maintained by the Council.

I promise in the event of my being so enrolled and in consideration thereof, to be bound by, and to conform in all respects to the Rules and Regulations thereto applying.

In support of this application I now submit the following particulars:

PERSONAL INFORMATION

(1) Surname .................................................................
    (in Block Letters)

(2) Other name(s) ............................................................
    1st         2nd         3rd

(3) If married, state maiden name ........................................

(4) Date of Birth .................................. Nationality ..............

(5) Full Postal Permanent Address .............................................

Basic Education: (tick off)

Primary School □  Secondary School □  Any Other ..............

From ........... To ........... From ........... To ........... From ........... To ...........

Certificates held ..............................................................

..............................................................

Have you ever sat the Aptitude Test of this Nursing Council?

Yes □  No □

GENERAL EDUCATION
PROFESSIONAL EDUCATION

Name and Address of Hospital of Training .................................................................
........................................................................................................................................

Training Programme— From ................................. To ..................................................

If your programme is recognised by a State Agency, give name and address of the State Agency:
........................................................................................................................................

Post-enrolment Programme (if any): .................................................................
Certificate/Diploma(s) held for post-enrolment programme(s):
........................................................................................................................................

NURSING ASSISTANT ENROLMENT

Certificate to practise as a Nursing Assistant in country of training—
Number ................................. Date of Issue ........................................

Certificate awarded by State Agency after examination:
Yes ☐ No ☐

If Certificate is (or was) suspended, please explain:
........................................................................................................................................
........................................................................................................................................

Signature of Applicant .................................................................

Date .................................................................

II. (To be completed by Authority of Centre where Applicant received training)

Kindly supply the information as outlined below on behalf of this Applicant. Return this form directly to the Office of The Nursing Council of Trinidad and Tobago, Port-of-Spain. Application Forms returned to the Applicant are not acceptable.

I hereby certify that

(Name of Applicant)

commenced training at .................................................................

(Name of Hospital of Training)

on ................................. Her/his programme was completed on ........................................

Duration of programme .................................................................
Type of programme .................................................................

........................................................................................................................................

UNOFFICIAL VERSION

L.R.O.

UPDATED TO 31ST DECEMBER 2016
If Nursing Assistant Certificate was granted by endorsement or by waiver, please explain—

Hospital approved for the training of persons for State Certification as—(tick off)

Registered Nurses

Enrolled Nurses

(Nursing Assistants)

Midwives

Any Other: .................
## TRANSCRIPT OF TRAINING AND EXPERIENCE OF APPLICANT OVER THE PERIOD

commencing ................................ to ............................................................

<table>
<thead>
<tr>
<th>Theoretical Experience</th>
<th>Hours</th>
<th>Practical Experience</th>
<th>Hours</th>
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</thead>
<tbody>
<tr>
<td>Fundamentals of Nursing</td>
<td></td>
<td>Assisting in the care and rehabilitation of patients in the following areas:</td>
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<tr>
<td>Anatomy and Physiology as applied to Nursing and Medical treatment</td>
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<td>Medical</td>
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<tr>
<td>Emergency Methods (First Aid)</td>
<td></td>
<td>Surgical</td>
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<td>Food and Food Service</td>
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<td>Obstetric</td>
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<tr>
<td>Ward Hygiene</td>
<td></td>
<td>Paediatric</td>
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<tr>
<td>Personal and Communal Health</td>
<td></td>
<td>Psychiatric</td>
<td></td>
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<tr>
<td>Any Other</td>
<td></td>
<td>Geriatric</td>
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<td>Assisting in the following Departments (Firms):</td>
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<td>Out-patients’</td>
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<td>Casualty</td>
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<td>Community Health Service</td>
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<td>Maternal and Child Care</td>
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<td>Family Planning</td>
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<td>Domiciliary Nursing Care</td>
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<td>Prevention and Control of Infectious Diseases</td>
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<td>Any Other (specify)</td>
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</table>

Total Hours ... ... ... | Total Hours ... ... ...
CERTIFICATE OF TESTIFYING AUTHORITY

I hereby certify that

..........................................................................................................................................
(Name of Applicant)

who is now making application for Enrolment as a Nursing Assistant in Trinidad and Tobago has completed the programme and received the training and experience as outlined above and has acquired the following levels of attainment:

Practical Nursing Skills and performance ......................................................
Professional adjustment and deportment ......................................................
Theoretical knowledge ...............................................................................

Assessment of Applicant (from personal acquaintance; if from confidential records, please specify)

..........................................................................................................................................
..........................................................................................................................................
..........................................................................................................................................
..........................................................................................................................................
..........................................................................................................................................

*I therefore recommend/do not recommend this Applicant for admission to the Roll of Nursing Assistants maintained by The Nursing Council of Trinidad and Tobago.

Name of Authority ..............................................................................................

(in Block Letters)

Occupation/Title ..................................................................................................

Address of Authority testifying ...........................................................................

..........................................................................................................................................

Signature of Authority testifying .................................................................

Date ..............................................................................................................

Seal (or stamp)

of Training Centre:

...................................................................................................................

*Delete where inapplicable

UNOFFICIAL VERSION
UPDATED TO 31ST DECEMBER 2016
FIFTH SCHEDULE

PART 1

SYLLABUS OF SUBJECTS FOR THE CERTIFICATE IN GENERAL NURSING

THE PRELIMINARY EXAMINATION

I. PRINCIPLES AND PRACTICE OF NURSING

Introduction
Broad outline—history and development of nursing, national and international;
Definition of “Nurse”; nature of Nursing
The Nursing Process
Essential qualities and attitudes required of the Nurse
Standards of ethical conduct, legal responsibilities of the Nurse
Role of the Nurse in the hospital team; internal and external relationships
The hospital as a unit—aims and functions

General Care of Environment of Patient
Plan of ward routine
Methods of cleaning ward and annexes
Adequate floor spacing
Ventilation and light
Cleanliness of the ward as it affects the safety and comfort of the patient and other personnel
Care of soiled linen
Disposal of hospital refuse
Disinfection
Sterilisation
Disinfestation
Elimination of noise
Care, storage and handling of food
Care of hospital equipment

General Care of the Patient
Reception and Admission, Discharge and Transfer
Observation, reporting and recording—
 general appearance and mental state
 position in bed
 skin, mouth, eyes, ears, behaviour, sleep, pain, cough
 excreta
Personal cleanliness and hygiene
Bathing the patient (adults and children)
 bed
 bathroom
Tepid sponging
Vital signs:—temperature, pulse, respiration, blood pressure
Patient’s property—care of clothing and other belongings including valuables
Feeding patients
Measuring and recording fluid intake and output
Recording weight and height
Care of pressure areas and prevention of pressure sores
Bedmaking
Body mechanics
Methods of lifting and moving patients
Positions used in Nursing
Getting patients into and out of bed
Giving and removing bedpans and urinals
Collection, disinfection and disposal of excreta
Collection of specimens for ward and laboratory
Urine testing
Uses and application of heat, cold and medicated preparations
Inhalations, steam, dry
Administration of oxygen
Enemata, suppositories
Passing a flatus tube
Last offices

Care of Patient—Special conditions
Confined to bed
Fever
Pain
Incontinence of bladder and bowel
Unconsciousness
Before and after anaesthesia
Terminal illness

Principles of asepsis, sterilisation and disinfection
Aseptic technique
Simple surgical dressings—preparation, procedure
Removal of sutures and clips
Methods of securing dressings
Methods of disposal of soiled dressings

Introduction to Pharmacology
Weights and Measures
Calculation of dosages
Rules for, and methods of, administration of drug
Legislation regarding Dangerous Drugs
II. INTRODUCTION TO THE STUDY OF STRUCTURE AND FUNCTION OF MAN

The Human Body

The body as an integrated whole, anatomical terms, body cavities and their contents

The Cell as a unit of life, its composition, structure and functions

Tissues—varieties occurring in the body, differentiation of structure relevant to functions

Organs—systems: gross and microscopic structure and functions

The body as an erect and moving organism—

The skeleton, joints, muscles— their structure and relationship to movements:

1. The skeleton, its divisions into axial as a pillar appendicular as moving appendages its adaptation to position, protection and function

Muscle as a component which provides energy for movement of the skeleton and is also responsible for activity in other organs and systems.

2. The circulatory system as a means for transport of respiratory, nutritive, metabolic, secretory and excretory substances—
   (a) the blood as a fluid—components, development, structure, function;
   (b) the heart and conducting mechanism as a source of energy;
   (c) the blood vessels as channels for transport;
   (d) factors upon which circulation of the blood depends;
   (e) factors which conserve the quality and quantity within the circuit.

3. The lymphatic system as a connecting link with the transport system—
   (a) structure
   (b) function

   with special emphasis on its protective functions.

4. The respiratory system as the mechanism which provides for collection, utilisation and excretion of gases—
   (a) gross and microscopic structure and related function
   (b) nervous control.

5. The alimentary system as the mechanism which prepares food in a form whereby it is digested, absorbed, metabolised and unwanted or surplus substances excreted—
   (a) gross and microscopic structure, adaptations and functions
   (b) accessory organs—positions, structure and functions.

6. The excretory system— gross and microscopic, structure and functions as related to the elimination of surplus and unwanted substances via kidneys, skin, lung and colon.

8. The nervous system as the control centre which maintains the organism in a state of equilibrium with its internal and external environment through the activities of brain, spinal cord and special senses—
   (a) position, structure and function of the central nervous system;
       peripheral nervous system;
       autonomic nervous system;
   (b) the special senses—
       Eye and mechanism of sight
       Ear and mechanism of hearing
       Touch, taste, smell.

9. The reproductive system: reproduction and control of the species
   Male and Female reproductive organs: position, structure and function; the menstrual cycle.

III. PERSONAL AND COMMUNITY HEALTH

Introduction
Organisational structure of the Health Service; Available Health, Social and other Services contributing to health care in Trinidad and Tobago; Role of the Nurse in the integrated Health team.
Brief review of the historical development of Public Health Nursing.

Personal Health
Education of the individual re responsibility for promoting and maintaining his/her own health through—
   care of the body;
   physical fitness, rest, sleep, diet, exercise;
   habits, mental hygiene and mental health;
   choice of clothing.

Community Health
1. Public authorities responsible for provision and maintenance of health facilities such as:
   Water, Housing, Clean Air, Refuse disposal.

2. Agencies and personnel concerned with physical, mental and social welfare of the community.

3. Factors contributing to health promotion and maintenance, disease prevention:
   (a) Nutrition:
       Sources of food
       Food values, nutritional requirements, components, functions in health and in illness;
       Planning menus within available resources;
       Care, preparation, presentation, preservation and storage of food and milk;
       Types of diets;
       Instruction in health and illness;
       Diseases spread by milk and food.
(b) **Air:**
Composition and sources;
Natural and artificial ventilation in home and institutions;
Effects of overcrowding in home and institutions;
Air pollution—causes of excess pollution, control of pollution.

(c) **Water:**
General sources, areas of collection, contamination, pollution;
Provision and maintenance of safe and adequate supply;
Uses in the body and in community services;
Diseases spread by water and their prevention.

(d) **Heat:**
Transmission of heat and regulation of temperature.

(e) **Light:**
Natural and artificial.

(f) **Refuse:**
Types, collection, methods of disposal, treatment and control in home, hospital, community;
Diseases associated with poor sanitary conditions.

(g) **Housing and the Home:**
Housing bye-laws;
Influence of home and economic background as it relates to disease prevention and control;
Safety measures and accident prevention.

(h) **Prevention and control of infestation:**
Prevention, treatment of infestation and control of pests, vermin, parasites.

**IV. INTRODUCTION TO THE STUDY OF HUMAN BEHAVIOUR**

**Human Behaviour**

A. Study of Individual Behaviour:
1. Analysis of Individual Behaviour—
   (a) Human growth and development;
   (b) Developmental tastes and stages;
   (c) Personality structure and development;
   (d) Basic needs of individual;
   (e) Anxiety and stress;
   (f) Patterns of adjustment.

2. Learning and motivation.

B. Study of Behaviour in Groups:
Types of groups;
Dynamics
Institutions
   —family
   —religion
   —education
   —military
   —economic
   —political
Community
Society
Culture
Communication skills
Relationships—human, interpersonal—nurse/patient.
C. Mental Health:
   Concepts of mental health;
   Role of the nurse in promoting mental health;
   Positive mental health
   — individual.

V. ELEMENTARY MICROBIOLOGY APPLIED TO NURSING

Introduction
   Brief history of microbiology;
   Micro-organisms—role in life, classification, sources, growth and reproduction;
   Infection and modes of entry, methods of transmission, prevention and control,
   method of destruction of pathogenic bacteria;
   Natural defences of the body-immunity, types of immunity, administration and
   use of biochemical reagents (vaccines, sera, toxoids);
   Susceptibility and sensitivity tests (use of cultures).

Communicable Diseases
   Regulations governing communicable diseases—notification, control, surveillance
   of contacts.
   Responsibility of Statutory Authorities in relation to maintenance of health,
   prevention and control of disease.

VI. EMERGENCY CARE

General Principles
A. Principles of Care in
   (a) Haemorrhage
   (b) Shock
   (c) Asphyxia
   (d) Cardiac Arrest
   (e) Injuries—skin—wounds, use
       scalds, of
       burns bandages
       bone—fractures and
       joints—sprains splints
   (f) Unconsciousness
   (g) Poisoning
   (h) Drowning
   (i) Fits
   (j) Bites and Stings
   (k) Foreign Bodies.

B. Major Disasters—Fires, Earthquake, Hurricanes, etc.
The Final Examinations

Principles and practice of Nursing related to specific Medical and Surgical conditions in—

(a) Children
(b) Adults.

Cardiovascular system

1. Care of the individual with conditions affecting the cardiovascular system—
   (a) Acute and long-term conditions of the blood and blood-forming organs;
   (b) Acute and long-term conditions of the blood vessels and lymphatics;
   (c) Acute and long-term conditions of the heart and conducting mechanisms.

Diagnostic examinations and related nursing care.
General principles of care and rehabilitative measures.

Respiratory system

2. Care of the individual with conditions affecting the respiratory system—
   (a) Acute and long-term conditions of the upper respiratory tract;
   (b) Acute and long-term conditions of the respiratory passages, lung tissue and pleura.

Diagnostic examinations and related nursing care.
General principles of care in respiratory diseases and rehabilitative measures.

Alimentary system

3. Care of the individual with conditions affecting the alimentary system and accessory organs—
   (a) Acute and long-term conditions of the lips, mouth, oesophagus, stomach and duodenum; the remainder of the small intestine, large intestines and anus;
   (b) Acute and long-term conditions affecting liver and biliary tract.

Diagnostic examinations and related nursing care.
General principles of care in gastro-intestinal tract disorders and rehabilitative measures.

Urinary system

4. Care of the individual with conditions affecting the urinary system—
   Acute and long-term conditions involving kidneys, ureters, bladder, urethra.

Diagnostic examinations and related nursing care.
General principles of care in urinary conditions and rehabilitative measures.

The Skin

5. Care of the individual with conditions affecting the skin—
   Diseases of the skin.

Diagnostic examinations and related nursing care.
General nursing care of patients with skin conditions.
Joints and connective tissues
6. Care of the individual with conditions affecting joints and connective tissue—
   Common disorders affecting the muscle/skeletal system.
   Diagnostic examinations and related nursing care.
   General principles of care and rehabilitative measures.

The Breast
7. Care of the individual with conditions affecting the breast—
   (a) Acute and chronic infections of the breast;
   (b) Malignant and non-malignant conditions of the breast.
   Diagnostic examinations and related nursing care.
   General principles of care and rehabilitative measures.

The Reproductive System (female)
8. Care of the individual with conditions affecting the female reproductive system—
   Common disorders affecting organs comprising the system.
   Diagnostic examinations and related nursing care.
   General principles of care and rehabilitative measures.

The Reproductive System (male)
9. Care of the individual with conditions affecting the male reproductive system—
   Acute and long-term conditions of the external and internal genitalia.
   Diagnostic examinations and related nursing care.
   General principles of care and rehabilitative measures.

Ear, Nose, Throat
10. Care of the individual with conditions affecting the ears, nose and throat—
    (a) Acute and long-term conditions affecting the outer, middle and inner ear;
    (b) Acute and long-term conditions of nose and sinuses;
    (c) Acute and long-term conditions of the throat.
    Diagnostic examinations and related nursing care.
    General principles of care and rehabilitative measures.

Eyes
11. Care of the individual with conditions affecting the eye and related structures—
    Acute and long-term disorders of the eyes.
    Diagnostic examinations and related nursing care.
    General principles of care and rehabilitative measures.

The Endocrine Glands
12. Care of the individual with common conditions affecting the endocrine glands—
    Effects on patients of under- and over-secretion.
    Diagnostic examinations and related nursing care.
    General principles of care and rehabilitative measures.
The Central Nervous System
13. Care of the individual with conditions affecting the central nervous system—
   (a) Acute and long-term conditions affecting the brain, and its
       coverings, the spinal cord and nerves;
   (b) Head injuries.
Diagnostic examinations and related nursing care.
General principles of care and rehabilitative measures.

Communicable Diseases
14. Care of the individual with a communicable disease—
Common communicable diseases and their control.
General principles of care and rehabilitative measures.

B. Pharmacology

Introduction
1. Introduction to Pharmacology—
   (a) The socio-legal status of drugs and drug therapy,
       general information on drugs;
   (b) Methods of drug administration;
   (c) The role of the Nurse in drug therapy.

Drugs
2. Drugs used in a variety of Clinical conditions.
3. Drugs used in the treatment of common Medical-Surgical conditions.
4. Drugs used in relation to specific types of patients.
5. Indications for use, action, dosage, contra-indications;
   Precautions and adverse effects, overdose symptoms and treatment.

C. Introduction to Psychiatric and Mental Health Nursing

The Mentally Ill
History of psychiatry and psychiatric nursing;
Medico-Legal aspects;
Principles of psychiatric nursing;
Communication skills in psychiatric nursing;
Abnormal patterns of behaviour;
Methods of care of the mentally ill;
Community Mental Health Nursing.

D. Introduction to the Study of Man and his Environment

Community Care
The scope of Community Health Care:
   National and International Health Organisations;
   Health Acts;
   Services.
Principles:
- Individual and Community Health;
- Heredity, environment—effects on health;
- Statistics;
- Epidemiology:—prevention and control of infectious diseases, immunisation;
- Population control, Family Life Education;
- Continuity of care.

E. Professional Adjustments/Ethics

Adjustment and Ethics
- Scope and character of Nursing profession
- Professional relations
- Professional organisations;
- Current trends in Nursing.

F. Elements of Ward Administration

Introduction to Ward Administration
- Basic principles of administration applied to nursing;
- Supervisory techniques;
- Teaching techniques;
- Nursing Care planning;
- Inventories, costing;
- Care of equipment.
PART 2

SYLLABUS OF SUBJECTS FOR THE CERTIFICATE IN
PSYCHIATRIC NURSING

THE PRELIMINARY EXAMINATION

I: PRINCIPLES AND PRACTICE OF NURSING

Introduction

Broad outline—history and development of nursing, national and international.
Definition of “Nurse”; nature of Nursing.
The Nursing Process.
Essential qualities and attitudes required of the Nurse.
Standards of ethical conduct, legal responsibilities of the Nurse.
Role of the Nurse in the hospital team; internal and external relationships.
The hospital as a unit—aims and functions.

General Care of Environment of the Patient

Plan of ward routing
Methods of cleaning ward and annexes
Adequate floor spacing
Ventilation and light
Cleanliness of the ward as it affects the safety and comfort of the patient and
other personnel
Care of soiled linen
Disposal of hospital refuse
Disinfection
Sterilisation
Disinfestation
Elimination of noise
Care, storage and handling of food
Care of hospital equipment.

General Care of the Patient

Reception and Admission, Discharge and Transfer
Observation, reporting and recording:
—general appearance and mental state
—position in bed
—skin, mouth, eyes, ears, behaviour, sleep, pain, cough
—excreta
Personal cleanliness and hygiene
Bathing the patient (adults and children)
—bed
—bathroom
Tepid sponging
Vital signs:—temperature, pulse, respiration, blood pressure
Patient’s property—care of clothing and other belongings including valuables
Feeding patients
Measuring and recording fluid intake and output
Recording weight and height
Care of pressure areas and prevention of pressure sores
Bedmaking
Body mechanics
Methods of lifting and moving patients
Positions used in Nursing
Getting patients into and out of bed
Giving and removing bedpans and urinals
Collection, disinfection and disposal of excreta
Collection of specimens for ward and laboratory
Urine testing
Uses and application of heat, cold and medicated preparations
Inhalations, steam, dry
Administration of oxygen
Enemata, suppositories
Passing a flatus tube
Last offices.

Care of the Patient—Special conditions
Confined to bed
Fever
Pain
Incontinence of bladder and bowel
Unconsciousness
Before and after anaesthesia
Terminal illness
Dying.

Principles of Asepsis, Sterilisation and Disinfection
Aseptic technique
Simple surgical dressings—preparation, procedure
Removal of sutures and clips
Methods of securing dressings
Methods of disposal of soiled dressings.

Introduction to Pharmacology
Weights and Measures
Calculation of dosages
Rules for, and methods of, administration of drugs
Dilution of lotions and uses
Legislation regarding Dangerous Drugs.
II. INTRODUCTION TO THE STUDY OF STRUCTURE AND FUNCTION OF MAN

The Human Body

The body as an integrated whole, anatomical terms, body cavities and their contents
The Cell as a unit of life, its composition, structure and functions
Tissues—varieties occurring in the body, differentiation of structure relevant to functions
Organs—systems: gross and microscopic structure and functions

The body as an erect and moving organism—

1. The skeleton, its divisions into axial as a pillar appendicular as moving appendages
   its adaptation to position, protection and function;
   Muscle as a component which provides energy for movement of the skeleton and is also responsible for activity in other organs and systems.

2. The circulatory system as a means for transport of respiratory, nutritive, metabolic, secretory and excretory substances—
   (a) the blood as a fluid—components, development, structure, function;
   (b) the heart and conducting mechanism as a source of energy;
   (c) the blood vessels as channels for transport;
   (d) factors upon which circulation of the blood depends;
   (e) factors which conserve the quality and quantity within the circuit.

3. The lymphatic system as a connecting link with the transport system—
   (a) structure;
   (b) function
   with special emphasis on its protective functions.

4. The respiratory system as the mechanism which provides for collection, utilisation and excretion of gases—
   (a) gross and microscopic structure, adaptations and functions;
   (b) nervous control.

5. The alimentary system as the mechanism which prepares food in a form whereby it is digested, absorbed, metabolised and unwanted or surplus substances excreted—
   (a) gross and microscopic structure, adaptations and functions;
   (b) accessory organs—positions, structure and functions.
6. The excretory system—gross and microscopic, structure and functions as related to the elimination of surplus and unwanted substances via kidneys, skin, lung and colon.


8. The nervous system as the control centre which maintains the organism in a state of equilibrium with its internal and external environment through the activities of brain, spinal cord and special senses—
   (a) position, structure and function of the central nervous system; peripheral nervous system; autonomic nervous system;
   (b) the special senses—Eye and mechanism of sight; Ear and mechanism of hearing; Touch, taste, smell.

9. The reproductive system: reproduction and control of the species Male and Female reproductive organs: position, structure and function; the menstrual cycle.

III. PERSONAL AND COMMUNITY HEALTH

Introduction
Organisational structure of the Health Service;
Available Health, Social and other Services contributing to health care in Trinidad and Tobago;
Role of the Nurse in the integrated health team;
Brief review of the historical development of Public Health Nursing.

Personal Health
Education of the individual re responsibility for promoting and maintaining his/her own health through care of the body; physical fitness, rest, sleep, diet, exercise; habits, mental hygiene and mental health; choice of clothing.

Community Health
1. Public authorities responsible for provision and maintenance of health facilities such as—
   Water, Housing, Clean Air, Refuse disposal.

2. Agencies and personnel concerned with physical, mental and social welfare of the community.
3. Factors contributing to health promotion and maintenance, disease prevention—

(a) **Nutrition**
   Sources of food
   Food values, nutritional requirements, components, functions in health and in illness;
   Planning menus within available resources;
   Care, preparation, presentation, preservation and storage of food and milk;
   Types of diet;
   Instruction in health and illness;
   Diseases spread by milk and food.

(b) **Air**
   Composition and sources
   Natural and artificial ventilation in home and institutions;
   Effects of overcrowding in home and institutions;
   Air pollution—causes of excess pollution, control of pollution.

(c) **Water**
   General sources, areas of collection, contamination, pollution;
   Provision and maintenance of safe and adequate supply;
   Uses in the body and in community services;
   Diseases spread by water and their prevention.

(d) **Heat**
   Transmission of heat and regulation of temperature.

(e) **Light**
   Natural and artificial.

(f) **Refuse**
   Types, collection, methods of disposal, treatment and control in home, hospital, community;
   Diseases associated with poor sanitary conditions.

(g) **Housing and the Home**
   Housing bye-laws;
   Influence of home and economic background as it relates to disease prevention and control;
   Safety measures and accident prevention.

(h) **Prevention and control of infestation**
   Prevention, treatment of infestation and control of pests, vermin, parasites.

IV. INTRODUCTION TO THE STUDY OF HUMAN BEHAVIOUR

**Human Behaviour**

(i) **Individual**
   (a) Human growth and development
   (b) Developmental stages and tasks
   (c) Personality development
   (d) Basic needs of the individual
   (e) Anxiety and stress
   (f) Patterns of adjustment.
Learning and motivation, study habits, etc.
(ii) Groups
Types, dynamics
(a) The Family
(b) Institutions—Religion, Education (Military), Economic, Political
(c) Community
(d) Society
(e) Culture
Communication skills
Relationships—human; interpersonal, nurse/patient.

(iii) Concepts of Mental Health
Role of the nurse in promoting and maintaining positive mental health—individual, family, community.

V. ELEMENTARY MICROBIOLOGY APPLIED TO NURSING

Introduction
Brief history of microbiology
Micro-organisms—role in life, classification, sources, growth and reproduction
Infection and modes of entry, methods of transmission, prevention and control,
method of destruction of pathogenic bacteria
Natural defences of the body—immunity, types of immunity, administration and
use of biochemical reagents (vaccines, sera, toxoids)
Susceptibility and sensitivity tests (use of cultures).

Communicable Diseases
Regulations governing communicable diseases—notification, control,
surveillance of contacts
Responsibility of Statutory Authorities in relation to maintenance of health,
prevention and control of disease.

VI. EMERGENCY CARE

General Principles
A. Aims of Emergency Care
B. Principles of care in
(a) Haemorrhage
(b) Shock
(c) Asphyxia
(d) Cardiac Arrest
(e) Injuries—skin—wounds, scalds, burns, use of bandages
bone—fractures, and splints
joints—sprains
C. Major Disasters—Fires, Earthquakes, Hurricanes, etc.

The Final Examinations

(i) Principles and Practice of Psychiatric Nursing;
(ii) Psychiatry—Science and Treatment of Mental Disorders;
(iii) Introduction to Study of Psychological Concepts;
(iv) Community Health;
(v) Physical Illness and Psycho-Physiological Disturbances;
(vi) Pharmacology;
(vii) Nutrition;
(viii) Professional Adjustments/Ethics; and
(ix) Elements of Ward Administration.

I: PRINCIPLES AND PRACTICE OF PSYCHIATRIC NURSING

(1) History of Psychiatric Nursing
(2) Introduction to Psychiatric Nursing—Principles, functions of the Nurse
(3) Communication skills in Psychiatric Nursing—observation, recording and reporting, talking with patients, listening, etc.
(4) Nurse/Patient relationship
(5) Ward Management—creating a therapeutic environment
(6) Role of the Nurse in admission and discharge procedures
(7) Role of the Nurse in Psychiatric treatments—
psychotherapy
physical therapy
drug therapy
adjunctive therapy
occupational therapy
recreational therapy
(8) Patterns of Behaviour
—overactive
—underactive
—withdrawn
—Suspicious
—addicted
—ritualistic
—hysterical
(9) Nursing Care and Management of special patients
   (a) Special patients
      — suicidal
      — violent and destructive
      — patients with feeding problems
      — patients with degraded and depraved habits
      — senile
      — alcoholic
      — anti-social
      — epileptic
      — mentally handicapped.
   (b) Children
   (c) Adolescents

(10) Rehabilitation of the Patient.

II: PSYCHIATRY—SCIENCE AND TREATMENT OF MENTAL DISORDERS
   (1) History of Psychiatry
   (2) Concepts of Mental Health
   (3) Aetiology of Mental Disorders
   (4) Classification of Mental Disorders
   (5) Examination of the Psychiatric patient
   (6) Special investigations and tests
   (7) Symptoms of Mental Disorders
   (8) Common psycho-pathological conditions
      — Neuroses
      — Psychoses
      — Behaviour disorders in children and adolescents
      — Psycho-physiological disorders
      — Mental Subnormality
      — Personality Disorders
      — Epilepsy
   (9) Psychiatric Treatments—principles of
      physical therapy
      psychotherapy
      drug therapy
      adjunctive therapies—recreational therapy
      occupational therapy
   (10) Psychiatric Team
      Members of the Psychiatric Team and their roles.
   (11) Legal Aspects of Psychiatry—
      (a) Mental Health Act—
         (i) Interpretations as per Mental Health Act;
         (ii) Provisions for Admission, Discharge and continued detention;
(iii) Provisions for maintaining civil liberties for personal freedom of patients
Psychiatric Hospital Tribunal—establishment, composition and functions
Mental Health Review Tribunal—establishment, composition and functions
Powers and duties of Psychiatric Hospital Director
Protection of property of patients

(iv) General provisions—
Ill treatment
Sexual Intercourse
Escape
Designation of Mental Health Officers.

(b) Other Civil Rights as affected by Mental Illness—
Testamentary capacity
Marriage and Divorce
Voting privileges
Criminal responsibility

(c) Relevant Regulations made under the Mental Health Act.

(12) Community Mental Health
(1) Overview
Concept of Community Mental Health
Importance and need for Community Health Programme.
(2) Planning for Community Mental Health
Major Models
Personnel preparation
Role
Need for ancillary services.
(3) Delivery of Services.
(4) Community Mental Health Service in Trinidad and Tobago.

(13) Social Aspects of Psychiatry
Functions and role of Psychiatric Social Worker
Family and Community responsibilities
Community facilities—grants, social assistance, etc.

III: INTRODUCTION TO STUDY OF PSYCHOLOGICAL CONCEPTS
Introduction—Principles on which psychology is based;
Developmental stages and tasks;
Personality Development—main Theories, Instincts and Emotions;
Anxiety and Stress and coping mechanisms;
Learning Process;
Perception and Thought processes;
Intelligence;
Nature of statistical concepts;
Assessment techniques;
Group Dynamics.

UNOFFICIAL VERSION

UPDATED TO 31ST DECEMBER 2016
IV: COMMUNITY HEALTH
Aims of Community Health Nursing;
Structure of Community Health Nursing Service;
Available Community Health Services;
Team concept in Community Health Nursing;
Role of Community Health Nurse;
Role of associated agencies;
Related function with Community Mental Health Services;
Epidemiology;
Family Life Education and Population Control;
Continuity of care.

V: PHYSICAL ILLNESS AND PSYCHO-PHYSIOLOGICAL DISTURBANCES
Nature and cause of disease;
Inflammatory response;
Acute circulatory failure;
Aetiology, clinical features, treatment and nursing care of patients suffering from diseases:
- social
- infectious
- parasitic
- skin
- cardio-vascular
- respiratory
- gastro-intestinal
- genito-urinary
- neurologic
- endocrine
- metabolic
- collagen.

VI: PHARMACOLOGY
1: Introduction
   Definitions
   Types of Drugs
   General information on drug therapy
   Characteristics
   Drug standardisation
   Factors in relation to drug action
   Terms in relation to drugs—tolerance, etc.
2: Laws relating to use and control of drugs.
3: Administration of Drugs
   Methods
   Problems
   Role and responsibility of the Nurse.
4: Specific groups of Drugs.
5: Common drugs—indications for use, action, dosage, contra-indications, precautions, adverse effects.
   Overdose—symptoms, treatment.
VII: NUTRITION

(1) Food as a basic health need—
   (a) Definitions
   (b) Factors which influence choice of food
   (c) Nutrition—national and international issues
   (d) Role of the nurse in ensuring good nutrition.

(2) Food and food values
   Nutritional needs.

(3) Overweight and underweight.

(4) Obesity and its effect on health.

(5) Diet in treatment of disease
   (a) Nutritional deficiencies
   (b) Ward diets—types
       —planning
       —in specific conditions.

VIII: PROFESSIONAL ADJUSTMENTS/ETHICS

Scope and character of Nursing profession
Professional relations
Professional organisations
Current trends in Nursing.

IX: ELEMENTS OF WARD ADMINISTRATION

Basic principles of administration applied to nursing
Supervisory techniques
Teaching techniques
Nursing Care planning
Inventories, costing
Care of equipment.

PART 3

SYLLABUS OF SUBJECTS FOR THE CERTIFICATE AND LICENCE TO PRACTISE AS A MIDWIFE

In this Syllabus of Subjects, the term “The Fundamental Nursing Programme” refers to the course of training and instruction received by student nurses in Approved Training Institutions in the first six months of entry to training as may be in force from time to time.

1. The Fundamental Nursing Programme
2. The Pelvis
   Anatomy
   Types of Pelvis
   Measurements
   Pelvic floor
   Disproportion.
The Genital Organs
Anatomy and Physiology

The Pelvic Organs
Anatomy, physiology and pathology of uterus and cervix, fallopian tubes, ovaries, bladder, urethra, ureters, kidney.
Pelvic colon and rectum.
Relations of these organs to each other.

The Foetus
Conception
Implantation
Growth
Physiology
Circulation
Placenta, membranes and cord with abnormalities of the placenta.

Foetal Skull
Anatomy—internal and external
Physiology
Moulding and intra-cranial accidents
Caput succedaneum
Cephalohaematoma.

The Breasts
Anatomy
Physiology of lactation.

Normal Pregnancy
Diagnosis
Physiology
Management.

Diseases due to Pregnancy
Causes, prevention, signs, symptoms and treatment
Accidents of early pregnancy
Hyperemesis gravidarum
Hydramnios.

Diseases associated with Pregnancy
Signs, symptoms, treatment of—
Hypertension
Cardiac disease
Diabetes
Pulmonary tuberculosis
Cystitis
Pyelitis
Pyelonephritis
Chronic nephritis—uraemia
Diseases of the blood and anaemia
Fibroids
Vaginal discharges
Prolapse and retroversion
Renal and bladder disorders
Haemorrhoids and varicose veins.

Antenatal care
Psychology of the pregnant woman
Management—diet, clothes, hygiene, advice, treatment of minor ailments
History taking
Examination
Changes during pregnancy.

Normal Labour
Physiology
Mechanism
Management of all stages.

Abnormal Labour
Abnormal uterine action
Prolonged labour
Trial of labour
Malpresentation—breach, face, brow, shoulder, compound presentations
Multiple pregnancy—management of pregnancy, labour, puerperium
Post-partum haemorrhage—prevention, cause, treatment.

Obstetric emergencies
Presentation and prolapse of cord—diagnosis, signs, management
Signs, symptoms and management of—
Ruptured uterus
Inversion of uterus
Obstetric shock
Abortions—ectopic, hydatidiform mole
Antepartum haemorrhage.

Normal puerperium
Physiology
Psychology
Management
Breast and artificial feeding.

Abnormal puerperium
Prevention, cause, signs, symptoms, treatment of—
Puerperal sepsis and pyrexia
Urinary tract infection and disorders
Breast infections
Thrombophlebitis, phlebothrombosis, pulmonary embolism
Pelvic floor injury
Psychiatric disorders.
The Newborn Infant
- Physiology—changes at birth
- Management—immediate care, examination
- Resuscitation—asphyxia neonatorum
- Birth injuries—fractures, cerebral damage, nerve injuries (physiological)
- Disorders—vomiting, thrush, jaundice, omphalitis, sore buttocks, diarrhoea
- RH and ABO incompatibility (jaundice in the newborn)
- Infections—diagnosis, causes, treatment
- Congenital abnormalities
- Still births, perinatal mortality
- Pulmonary disorders
- Care of the Caesarian section baby.

The Premature Infant
- Causes and prevention
- Physiology
- Management
- Disorders.

3. Drugs and Solutions used in Midwifery
4. Obstetric Operations and Instruments—
   - Artificial rupture of membranes
   - Versions
   - Episiotomy
   - Forceps delivery
   - Caesarian sections
   - Cervical suturing
   - Vacuum extraction
   - Amniocentesis
   - Exchange blood transfusion and blood substitutes
   - Others.

5. Anaesthesia and Analgesia
6. Statistics
   - Population
   - Birth
   - Mortality
   - Importance of record keeping.

7. Population control
   - Family life education
   - Principles of interviewing and counselling
   - Principles of teaching/learning processes.
8. Public Health and Social Services—
   Duties of officers
   Duties of liaison officers
   Administration of the service.

9. Venereal Diseases
   Prevention
   Signs and symptoms
   Dangers
   Management
   Pathology
   Treatment—prophylactic and curative.

10. Professional ethics
    Laws governing the practice of Midwifery in Trinidad and Tobago.

**PART 4**

**SYLLABUS OF SUBJECTS FOR THE CERTIFICATE OF ENROLMENT AS A NURSING ASSISTANT**

**Ethics**
- The organisational chart
- The Hospital as a unit
- The role of the Nursing Assistant in the team
- Hospital etiquette
- Identification of other members of the team.

**Psychology**
- Basic developmental psychology
- Essential qualities of the Nursing Assistant and his/her relationship with other members of the team
- Human behaviour in illness—special needs of patients
- Relationship with relatives and visitors
- Liaison with other Government Health Services.

**First Aid Application to Anatomy and Physiology**

_Circulatory System_
- Pressure Points
- Haemorrhage
- Shock, collapse, syncope.

_Respiratory System_
- Cyanosis and dyspnoea
- Choking, rope hanging
- Haemoptysis, artificial respiration.
Muscular System
- Sprains and strains
- Bites and stings
- Burns and scalds.

Endocrine System
- Coma—Insulin, Diabetic.

Urinary System
- Uraemia, Coma.

Alimentary System
- Unconsciousness
- Poisoning
- Epilepsy.

Skeletal System
- Fractures
- Dislocations.

Patient Care and Ward Hygiene

Patient Care
- Care of the body in relation to health and disease, e.g., bed bathing
- Combing the hair—treating verminous head and shampooing the hair
- Care of hands, feet, nails, bowels; Positions used in nursing patients.

Physical and Mental Well-being

Physical
- Food-serving—feeding (convalescing)
- Water storage, sources, purification, etc., and its use in the human body
- Air and ventilation—importance to health
- Recreation
- Rest
- Exercise.

Mental
- Reassurance of patient
- Nursing Assistant/patient relationship on Wards.

Ward Hygiene—Bacteriology Applied
- Ward refuse and disposal (dangers associated with dust)
- Correct methods of dusting and cleaning furniture, sinks, baths, sluices, toilets
- Excreta—prevention of infection
- Collection of specimens—urine, faeces, sputum
- Bacteria—types, sources
- Handling and care and cleansing of equipment and appliances used in hospitals, e.g., glass instruments, sharp and blunt instruments, rubber goods, enamel ware, stainless steel and polythene.
Hospital Procedures
Assisting in making special beds and ordinary beds
Care of the convalescent
Use of bed cradles, sand bags, back rests, drainage bottles
Filling and placing hot water bottles
Danger and precautions in the usage of electric appliances
Verbal report on patients to supervising nurse
Taking temperatures, pulse and respiration
Care of thermometer
Assisting with Oxygen therapy.
Recognition of international coding re colour of cylinders
Soap and water (simple) Enema
Names, strengths, uses—
Disinfectants and Antiseptics—precautions to be observed.
Poisons and their care—Recognition of poisons
Use, preparation and administration of—
(1) Ice Bags
(2) Fomentations—Kaolin, medical
(3) Enema tray—preparation
(4) Prepare shaving tray
(5) Pressure area treatment
(6) Mouth tray—washes and gargles
(7) Moist inhalations.
Observing and reporting the following signs and symptoms of
(1) Diabetic Coma
(2) Epileptic Fit
(3) Shock.
Assist with—
(1) Tepid sponging
(2) Last offices.
Rules and Methods of Administering simple medications—
Types and upkeep of instruments in common use, including cleansing and
sterilisation of basic equipment.
Invalid cookery
Infant and Invalid Feeding
Routine urine testing—Lectures and demonstration on albumin, sugar, acetone
Simple dressings—assisting treatment nurse.
### SIXTH SCHEDULE

THE NURSING COUNCIL OF TRINIDAD AND TOBAGO

TRANSCRIPT FOR COMPULSORY PRACTICAL EXPERIENCE PRIOR TO ENROLMENT

<table>
<thead>
<tr>
<th>Name of Training Centre</th>
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<tr>
<td>Name of Trainee</td>
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<tr>
<td>Period of experience</td>
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The following represents *Supervised Practical Experience (in hours)* during the final period of training.

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<tr>
<th>Supervised Practical Experience</th>
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<td>1. Assisting in the care and rehabilitation of patients suffering from:</td>
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<tr>
<td>Medical Conditions</td>
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<td>Surgical Conditions</td>
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<td>2. Assisting in the care and rehabilitation of patients with:</td>
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<tr>
<td>Obstetric Conditions</td>
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<td>Paediatric Conditions</td>
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<td>Geriatric Conditions</td>
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<td>Psychiatric Conditions</td>
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<td>3. Assisting in the following Departments:</td>
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<td>Out-Patients’</td>
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<td>Casualty</td>
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<td>4. Community Health—Assisting with:</td>
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<td>(i) Dispensary Services</td>
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<td>(ii) Pre- and Post-natal Care</td>
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<td>(iii) Child Welfare</td>
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<td>(iv) Family Planning</td>
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<td>(v) Control of Infectious Diseases</td>
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<td>(vi) Rehabilitation</td>
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<td>5. Assisting with Any Others (to be specified):</td>
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Total Hours .................................
6. Total experience (theoretical and practical) from Commencement of Training
(in hours) = . . . . . . . . . . . . . . . . . . . . .

7. Leave taken during Final period of Training—