



The University of Sydney

Faculty of Nursing and Midwifery

Application for Overseas Registration

STUDENT DETAILS

NAME

Family name: _____ Other Names: _____

Title (please circle): Miss Ms Mrs Mr SID: _____

CONTACT DETAILS

Telephone: (H) _____ (W) _____ (Mob) _____

Address (in Australia): _____

Address (outside Australia): _____

Email address: _____

COURSE DETAILS

Name of course attended: _____

Year Commenced: _____ Campus: _____

SIGNATURE OF STUDENT: _____ **DATE:** _____

PAYMENT DETAILS

Amount: AUD\$125.00 (Course commenced prior to 1996)

AUD\$70.00 (Course commenced after 1996)

Cash

Cheque Number: _____

Money Order Number: _____

Credit card Please circle: VISA / MASTERCARD / AMERICAN EXPRESS

Name of Cardholder: _____

Card Number: _____

Expiry date: _____

Signature: _____ Date: _____

Please return this form together with payment and the appropriate forms from the relevant nursing board to:

Mail

To: Nada Dunda
Faculty of Nursing and Midwifery (M02)
The University of Sydney NSW 2006
AUSTRALIA

In Person

Student Services, Faculty of Nursing and Midwifery
Ground Floor
88 Mallett Street
Camperdown NSW 2050