



Ministry of Health

**BERMUDA NURSING AND MIDWIFERY COUNCIL**

P.O. Box: HM1195, Hamilton HM EX, Bermuda | Website: [www.bnc.bm](http://www.bnc.bm)

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## STUDENT NURSE or MIDWIFE AWARD APPLICATION FORM

(Please ensure that all required documents are included with your application)

<b>1</b>	<b>FULL NAME</b>	Last Name _____	First Name _____	Middle Name _____
<b>2</b>	<b>ADDRESS (Local)</b>	_____		
	Email	_____	Cell	_____
			Tel	_____
	(Overseas if applicable)	_____		
<b>3</b>	<b>DATE OF BIRTH</b>	_____	<b>PLACE OF BIRTH</b>	_____
<b>4</b>	<b>NATIONALITY</b>	_____	<b>MARITAL STATUS</b>	_____
<b>5</b>	<b>NAME OF PARENTS/GUARDIANS/NEXT OF KIN</b>			
	Name	_____	Tel	_____
	Name	_____	Tel	_____
<b>6</b>	<b>SCHOOLS ATTENDED</b>			
	Primary	_____	Attendance Dates (Year- Year)	_____
	Secondary	_____	Attendance Dates (Year- Year)	_____
	College/University	_____	Attendance Dates (Year- Year)	_____
<b>7</b>	<b>CERTIFICATES/DIPLOMAS/DEGREES</b>			
	_____			
	_____			

8 NAME OF SCHOOL YOU WILL ATTEND \_\_\_\_\_

Address \_\_\_\_\_

9 COST OF TUITION PER ANNUM \_\_\_\_\_

10 ROOM AND BOARD PER ANNUM \_\_\_\_\_

11 TOTAL EXPENSES PER ANNUM \_\_\_\_\_

12 ANTICIPATED YEAR OF GRADUATION \_\_\_\_\_

13 DEGREE EXPECTED TO ATTAIN \_\_\_\_\_

14 HAVE YOU PREVIOUSLY APPLIED FOR A NURSING COUNCIL AWARD \_\_\_\_\_

15 IF YES, WHEN \_\_\_\_\_

16 NAME AND ADDRESS OF TWO SURETIES:

NAME \_\_\_\_\_

ADDRES \_\_\_\_\_

Tel: \_\_\_\_\_ Email \_\_\_\_\_

NAME \_\_\_\_\_

ADDRES \_\_\_\_\_

Tel: \_\_\_\_\_ Email \_\_\_\_\_

**17 ATTACHMENTS:**

- (i) Birth Certificate/Passport (copy)  Yes  No
- (ii) Physician letter  Yes  No
- (iii) Evidence of Bermuda schooling  Yes  No
- (iv) Parent/Guardian letter (if applicable)  Yes  No

- (v) Recommendation letter  Yes  No
- (vi) Academic certificates and transcripts (copy)  Yes  No
- (vii) Admission letter (copy)  Yes  No
- (viii) Candidate letter  Yes  No

Date of Application \_\_\_\_\_

Applicant Signature \_\_\_\_\_

**Projected Detailed Expenses/Tuition & Fees (Student Awards)**

**COST OF TUITION PER ANNUM** \_\_\_\_\_

**College/University**

Tuition: Cost per Credit Hour \_\_\_\_\_

Total Credit Hours (year) \_\_\_\_\_

Student fees \_\_\_\_\_

Books and supplies (estimated) \_\_\_\_\_

Transport & Travel \_\_\_\_\_

Room & Board/Rent \_\_\_\_\_

Other Living Expenses \_\_\_\_\_

Other (Insurance) \_\_\_\_\_

Total per Semester \_\_\_\_\_

**Annual Total** \_\_\_\_\_

Signature: \_\_\_\_\_

Please attach verification information from your college or University