Overseas Registration: Supporting Declaration of Good Health

Overseas Registrations Dept, 23 Portland Place, London, W1B 1PZ Phone: +44 207333 9333 Web: www.nmc-uk.org

To the applicant: This section must be completed by the occupational health department where you are currently employed or by a registered medical practitioner. The declaration must be no more than three months old at the time the application for registration is submitted to the NMC. If the declaration is expired we will ask you to provide a current declaration.

To the REGISTERED MEDICAL PRACTITIONER/OCCUPATIONAL HEALTH DEPARTMENT representative: You have been asked to complete a declaration of good health by the person who has provided you with this form because they want to be registered with the UK Nursing and Midwifery Council (NMC). Please complete this form in full.

Please only complete this reference if you have examined this person within the last six months. You must be an occupational health department representative or a registered medical practitioner. Please complete all sections and provide any further details which you may consider relevant on a separate sheet. The NMC may make further enquiries of the applicant or yourself in order to verify or clarify any part of this reference.

You should complete all areas of the form in BLOCK CAPITALS using a black pen.

Applicant's details

Name of applicant	Temishi Eseoghene Emina-Aigbovo
Previous name (if applicable)	
Date of birth (DD/MM/YYYY)	17 12 1987

Registered Medical Practitioner's details

Title	
First name	
Surname	
Job title/position	
Street name	
Town/City	
County/State	
Postcode/Zip code	
Country	
Telephone Number	
Email address	

Supporting Declaration of Good Health (continued)

Relationship to applicant

Have you previously employed the applicant in any capacity? Yes ☐ No ☐

Are you related to the applicant? Yes ☐ No ☐

I confirm that I have examined the applicant within the last six months Yes ☐ No ☐

Supporting Declaration of Good Health

Please sign the declaration below

I confirm that the information given on this form is accurate and that to the best of my knowledge I believe that the above named applicant's health is sufficiently good to enable safe and effective practice. I also support their application to be entered into the professional register for nurses and midwives.

I confirm that I am currently registered as a medical practitioner/an occupational health department representative. Yes ☐ No ☐

If you have answered No to the statement above please provide details below.

Date (DD/MM/YYYY) ☐☐ ☐☐ ☐☐☐☐

Signature

Please note that this form will not be accepted without an official stamp.

If you do not have a stamp, you must confirm on your official letter headed paper that no stamp exists. This letter must be signed by the person completing this form.

Stamp of Registered Medical Practitioner/ Occupational Health Representative: