

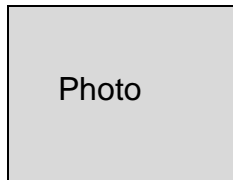
## RESTORATION FORM



**THE UNITED REPUBLIC OF TANZANIA  
TANZANIA NURSING AND MIDWIFERY COUNCIL**



Where a person who has been struck off in the register or roll by virtue of section 18 of the Nursing and Midwifery Act, 2010, wishes to be restored to the register or roll shall fill the following form:



### Application for restoration to the register

Please give as much information as you can. Missing details may result in your application being delayed.

#### Personal Details

1. Full names	
2. Gender	
3. Date of Birth	
4. Licence number	
5. Postal Address	
6. Mobile phone number	
7. Alternative phone number	
8. Email address	

#### Registration details

1. Registration/Roll number .....as a Nurse
2. Registration/Roll number .....as a Midwife
3. Registration/Roll number .....Other part if (any)

#### CASE INFORMATION

Please answer the following questions:

1. Describe reasons for removal from the register/Roll  
.....
2. what was the offence? .....

3. Date removed from register/Roll

.....

4. Why are you applying for restoration to the register?

.....

5. Have you learned anything since your removal from the Register?

.....

6. What do you promise to the Council and to the Public?

.....

**Please Note**

To apply for restoration to the Council you must agree that you will abide to the terms and condition of the profession code of ethics and professional conduct, Nursing and Midwifery Act, scope of practice and standards of proficiency. That you will provide good quality of care, compassionate care which is customers focused.

Please sign to indicate that you understand this requirement.

I understand the requirement above

Signature .....Date.....

**Declaration**

The information I have provided is true to the best of my knowledge and belief. I understand that if any information submitted proves to be false, the Council will take it into consideration when considering my application for restoration.

Date.....

Signature.....

**Note:** Restoration fee payable together with application of Ths. 70,000/- which is nonrefundable.

In case you have any question do not hesitate to inquire from us by using contacts provided below.

*Tanzania Nursing and Midwifery Council*  
*Kambarage Tower, 5 Floor, Benjamini Mkapa Road,*  
*P.O. Box 1736, DODOMA*  
*Tell: +255262966061/62/63, Mob: +255737 962 691, Email : [info@tnmc.go.tz](mailto:info@tnmc.go.tz),*  
*Website : [www.tnmc.go.tz](http://www.tnmc.go.tz)*