

Registration Form for Nursing and Mid-Wifery Training Institute

Once the Nursing and Mid-Wifery Training Institute is approved by the Ministry of Labour and Human Resources, training provider has to register the institute with Bhutan Medical and Health Council using this form;

Part 1: Training Provider Details

1. Name of Training Provider/Institute:			
2. Location :(Dzongkhag/Dungkhag)			
Dzongkhag/Dungkhag		Place:	
a. Permanent location (tick)		b. Temporary Location (tick)	
3. Contact Address:			
Telephone No:	Mobile No:	Fax No:	Email Address:
Postal Address(for mailing):		Website Address:	
4. Type of Ownership: Please tick the relevant			
Sole Proprietorship (private)	Partnership(private)	Franchise	others
Public (Govt.)	Corporate	NGO	others
Is the institute is affiliated/accredited by other international agency			
YES	NO	(If YES, specify the agency) _____	
5. Date of Establishment of Institute/License Number:			
Date of Establishment/Commencement of the Program:		License No :(private trg. institute)	
6. Full Name and Designation of key contact person			
Name:_____ Designation:_____			

Part 2: Physical Resources (Rooms)

Type of rooms	How many?	Total Floor Area (M ²)
1. Class room with adequate furniture, lighting, ventilation and power supply outlets		
2. Office room with adequate furniture		
3. Staff room with adequate furniture		
4. Meeting room (if any)		
5. Others(please specify)		
6. Total (sq,m)		

Part 3: Teaching learning Resources

	How many?	Remarks
1. White/green board in classroom		
2. LCD projector		
3. Relevant text book for trainees		
4. Teaching Aids (simulation equipment/models/charts ...)		
5. Trainee log book		
6. Training video/ CDs		
7. Interactive board (if any)		
8. Others (please specify)		

Part 4: Human Resources (Trainers) (use additional sheet if necessary)

Name	Sex		Qualification	Work Experience	Full time/ Part time	Nationality
	M	F	Education/ Training			
Total Number						

Trainer Trainee ratio in classroom (Please tick any relevant)

1:15-20 1:21-25 1:26-30 (Other (please specify) -----)

Part 5: Human Resources (Support Staffs)

Name	Sex		Post (Designation)	Full time/ Part time	Nationality
	M	F			

Part 6: Training Tools and Equipment

Does the training institute have adequate: <ul style="list-style-type: none"> • training tools/equipment • computers for IT training • machineries for technical institute 	Adequate for training	Not adequate for training	(<i>If not adequate, Do you have plan to buy more)</i>				
			<table border="1" style="display: inline-table;"> <tr> <td style="width: 50px;">Yes</td> <td style="width: 50px;"> </td> </tr> </table>	Yes		<table border="1" style="display: inline-table;"> <tr> <td style="width: 50px;">NO</td> <td style="width: 50px;"> </td> </tr> </table>	NO	
Yes								
NO								

Note: Tools and equipment shall be verified by the evaluator(s) during the site visit

Part 7: Trainee Support Facilities

Type of facilities	Yes (tick)	No (tick)	Remarks
1. First Aid facility			
2. Toilet			
3. Library facilities			
4. Fire safety (equipment/exit door)			
5. Drinking water(hot and cold)			
6. Heating and cooling facilities			
7. Recreational facilities (if any)			
8. Internet facility			
9. Photocopier/Printers			
10. Information/notice board			
11. Suggestion box			
12. Institute rules and regulation			
13. Extra-curricular activities			
14. Canteen facilities			
15. Hostel facilities			
16. Auditorium			
17. Others as specified in annexure D and E of the guidelines for Establishment of Nursing Institute			

Part 8: Physical Resources (Training Space)

Type of space	How many?	Remarks
1. Workshop space (technical institute only)		
2. Space for computer training(IT training institute only)		
3. Space of practical training (other institute)		
4. Others (if any)		

Part 9: Course Details (Please use additional sheet(s) if the space is insufficient)

Course Title	Training Duration (Hrs)			Total duration	Fees per trainee	No. of trainee per course	Level: Certificate/Diploma
	Theory	Practical	OJT				
Do you have prescribed curriculum for each course (please tick)					Yes	No	

Note: 6 hrs= 1day, 5 days= 1 week, 36 weeks=1 year. OJT (on-the-job training)

Part 10: Quality Management System/Others

Whether the Institute has established Quality Management System	YES (Please tick)	NO (Please tick)
Whether the Institute has Vision and Mission Statement	YES (Please tick)	NO (Please tick)
Whether the institute has signboard written in Dzongkha and English	YES (Please tick)	NO (Please tick)

Part 11: Declaration and Signature

I hereby confirm and declare that:

- the information provided in this application is true, complete and accurate to the best of my knowledge at the time of completing this form
- I will abide by the directions and guidelines published in the regulation in relation to the registration of training institutes
- any false, fictitious, or fraudulent information may be subjected to administrative penalties
- I have understood the Guidelines for Establishment of Nursing and Mid-wifery Institute
- I understand that the information provided in this form will only be used for the purpose of registration and for publishing register of training providers

 Name/ Signature of Head/CEO/Proprietor of Training Institute

Date -----

Institute's Official Stamp

Supporting Documents to be Submitted along with the Registration Form:

1. Photocopy of business license (Not Applicable for Govt. Institutes)
2. Photocopy of trainers proof documents (academic transcript, training certificate/CV/Resume, CID copy)
3. List of trainees for each course, indicating year of enrollment/graduation/male/female/CID number
4. Course brochure/prospectus/ information leaflets (if any)
5. Attach institute location map(if any)
6. Any other documents (if any)
1. Name of affiliating university or equivalent institute (attach signed agreement)
2. Name of the Affiliated Teaching Hospitals and Primary Health centers recognized by the council (attach signed agreement with Ministry of Health)
3. Details of Teaching hospital as per BMHC requirement
4. Educational program:
 - a. Proposed annual intake of students:
 - b. Admission criteria
 - c. Teacher to student ratio
 - d. Curriculum validated by the affiliated university, respective council or nursing boards
5. Physical Facility and equipments as per BMHC requirement
7. Faculty : As per BMHC requirement

For official use only

Application received on: _____

Received by: _____

Signature: _____
BMHC

Follow up action: _____