REGISTRATION FORM

WESTERN REGION ASSOSCIATION OF NURSES
PERSONAL DETAILS (BLOCK CAPITALS ONLY)

Title: Dr □ Mr □ Mrs □ Miss □ Ms □ Other□ (Tick/circle where applicable)

Surname

Forename:

Other names:…….

Date of Birth: Sex: Male: □ Female: □

Marital Status: Single □ Married □ Divorced □ Separated □ Other □
(Tick/Specify)

Address:

Email:

Mobile: Home/Other:

Occupation/Speciality:

Date of Registration:

Signature: ……DATE:

WRAN REGISTRATION FORM 2 (BLOCK CAPITALS ONLY)

Next of kin: Relationship:

Address: Post Code:

Contact Number(s):

NAMES OF SIGNIFICANT PERSON

SPOUSE (WIFE/HUSBAND'S NAME):……..

1. PARENT: Relationship:

2. PARENT Relationship:

NAMES OF CHILDREN YOU HAVE:

1)
2)
3)

Signatures……DATE:

PLEASE WRITE LEGIBLY WITH BLACK INK NO CANCELLATION

General Data Protection Regulation 2018 (GDPR)

WRAN UK is a subsidiary group under the umbrella of Ghana Union supporting members in the UK and abroad through charity work. We will handle the information provided by all members in line with the General Data Protection Regulation 2018. Any personal information will be held in confidence with the necessary people able to see it for administration purposes.