

Request of Training Transcript

Instructions and Information

Transcripts are issued on request for nurses who have followed and successfully completed the Post Basic Training at our college. Especially, transcript is **only** issued for the relevant nursing officer.

Application	<ul style="list-style-type: none">➤ Download the application form➤ Take a print using both side of A4 paper.➤ Read the form carefully and fill by writing clear letters.➤ Do not keep blank boxes in the application form. If not; write as not applicable or not available or not assessed accordingly.➤ Check and recheck the given information carefully.➤ Attach the true copies of following documents to the application;<ol style="list-style-type: none">1. Service Letter from the hospital (also, mention the unit/area of practice after post basic training)2. Certificate of SLNC & SLMC registration3. Certificate of the relevant course/ training4. Letter or Records or Reports to prove Part II training5. Evidence of Foreign/ Local Job or Overseas Study Process6. Passport➤ Handover the completed application form to PBCN on weekdays.
Transcript	<ul style="list-style-type: none">➤ Transcript collection date will be based on your booking status.➤ Principal's signature and the name seal confirm the validity of Transcript.➤ Call PBCN (via phone/ 0112693662) to confirm the availability of your transcript.➤ Come and collect the original Transcript from PBCN on Wednesday by an authorized Senior Tutor (Special Grade Nursing Officer).➤ Write your information in the transcript issuing book.➤ Keep the transcript in a safe file and forward it for your professional development.

GOOD LUCK!

Application for the Request of Training Transcript
Post Basic College of Nursing, Colombo - Sri Lanka

1. Course Information	
1.1	Name of the Course/ Training
1.2	Training Batch
1.3	Date of Entrance to PBCN
1.4	Registration or Index Number
1.5	Part 1- Course Duration at PBCN
1.6	Placed hospital/s for clinical experience during Part 1 Training
1.7	Attached Ward/ Unit for clinical experience during Part 1 Training
1.8	Part 11 - Course Duration of Hospital Based Training
1.9	Part 11- Experience Setting/ Hospital/s (after Part 1)
1.10	Part 11 – Topics of Learning Activities/ Assignments/ Projects
1.11	Date/s of Theory Exam
1.12	Date/s of Practical Exam
1.13	Extra-curricular Activities done during the Training
1.14	Date of Exit from PBCN
1.15	Name of Training Coordinator (Special Grade Nursing Tutor)

2. Professional information		
2.1	SLNC Reg. No.	Date
2.2	SLMC Reg. No. (If applicable)	Date
2.3	Currently Working Hospital	
2.4	Currently Working Unit/ Ward	
2.5	Working Unit before Post Basic Training	
2.6	Working Unit after Post Basic Training	
2.7	Nursing Work Experience (years)	
2.8	Nursing Specialty (Surgical/Medical/Special)	
2.9	Nursing College/University & Batch	

3. Personal Information			
3.1	Full Name (in Block Letters)		
3.2	Sex		Civil Status
3.3	Age		Date of Birth
3.4	National Identity Card Number		
3.5	Passport Number		Expiry Date
3.6	Telephone Numbers	i. ii.	
3.7	Email Address		
3.8	Residential Address		

Attached documents to the application	1. 2. 3. 4. 5. 6.		
Migrating Country	1.	2.	3.
Foreign Employment (Nurse, Caregiver, Other)			
Name & Address of Transcript Sending Hospital/ University			
Requesting Date for Transcript Collection			
Applicant's Signature			
Date			

Office Use Only	Date of Approval to issue the Transcript	
	Signature of the Principal	
	Ready from	
	Issued on	
	Signature of the Authorized Officer (Senior Tutor/ Sp. Gr. Nursing Officer)	