



CROWN NURSING AGENCY LTD

Licensed by the Local Authority

13 FEB 1997

NURSES AGENCIES ACT, 1957

Statement of Qualification to be furnished to a Person to whom a Nurse or other Person is supplied.

Name of Agency ... **CROWN NURSING AGENCY LTD.**
 Address of Agency ... **44b WEST STREET**
 ... **PORTCHESTER**
 ... **HANTS. PO16 9UN**
 Telephone: **(01705) 382323**

Licensing Authority ... *Hants*
 To (NAME) ... *Gasport War Memorial*
 Address ... *Benny Road Gasport*

This is to inform you that (Miss) (Mrs.) (Mr.)
 ... *Kathrin Burrow* ... who has been
 instructed to report to you on ... *Wed 12/2/97 7-2*
 to act as Nurse*, Midwife*, is

- (a) A Registered Nurse on the following part(s) of the Register* ... *P.N.M.* **Code A**
- (b) An enrolled Nurse* *Exp 5/98*
- (c) A State Certified Midwife*
- (d) On the following part(s) of the list* kept under Section 5 of the Nurses Act, 1957
- (e) Qualified as a **Code A**
 - Signature *Deputy Supervisor*
 - Qualifications *and position held*
 - Date *10/2/97*

*Delete as appropriate. If a person supplied falls in category (a) or (d) the part or parts of the register or list which he or she is on must be stated. If the person falls in category (e) his or her nursing or midwifery qualifications must be indicated.