



CROWN NURSING AGENCY LTD

Licensed by the Local Authority

- 5 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**
 Licensing Authority **Telephone: (01705) 382323**
 To (NAME) **Personnel Department**
 Address **Widening C. G. W. R. H.**

This is to inform you that (~~Miss~~ ~~Mrs~~) (Mr.)

T. J. Johns who has been
 instructed to report to you on **3-2-97 Night Duty**
 to act as Nurse*, Midwife*, is

- (a) A Registered Nurse on the following part(s) of the Register* **RGN Pin** **Code A** **Exp 3/99**
- (b) An enrolled Nurse*
- (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 **RGN**

Code A Signature
Supervisor Qualifications
 and position held
3-2-97 Date

*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.



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 **Telephone: (01705) 382323**

Licensing Authority
 To (NAME) **Personnel Department**
 Address **Gosport War Memorial Hospital**

This is to inform you that (Miss) (Mrs.) (Mr.)

..... **Sarah Counsel** who has been
 instructed to report to you on **Fri 7-2-97 1-9 Shift**
 to act as Nurse*, Midwife*, is **Nubery B ward**

(a) A Registered Nurse on the following part(s) of the Register* **RGN** **Code A** **Exp 3/99**

(b) An enrolled Nurse*

(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 **RGN**

..... **Code A** Signature
RGN Supervisor Qualifications
 and position held
 **4-2-97** Date

*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.



CROWN
NURSING AGENCY LTD.

HEAD OFFICE & ACCOUNTS: 4 Butts Mews, The Butts, Alton, Hants, GU34 1RD

Telephone No: Alton (01420) 544002

Code A

With Compliments