

To be filled in by the authority: Received ______ Register number _____

Application: Social welfare professional

Applicant

Occupational title to be legalised / registered

□ I submit this form to apply for the right to use the protected occupational title of practical nurse and to be registered in the central registers of social welfare and health care professionals.

Surname (including former surnames)	
First names	
Personal identity code / date of birth	
I undertake to notify Valvira of my Finnis	sh personal identity code as soon as I receive it
Citizenship	Native language
Street address	
Post codeTown	or city
Domicile or country of residence	
PhoneE-mai	I
I agree that requests for further informat documents may be sent to me by e-mail.	tion, any consultation letter and other
Educational institution	
Completed degree / education	
Educational institution	Graduation date
Ratapihantie 9, 00520 Helsinki, Finland Ounasjoentie 6, 96200 Rovaniemi, Finland	Phone: 0295 209 111 kirjaamo@valvira.fi Fax: 0295 209 700 www.valvira.fi



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I request that the following supplementary training in social welfare that I have completed be entered in the register (note that a supplementary training entry can only be applied for if you have completed a Finnish degree):

Master's degree at a university of applied sciences

Licentiate's degree at a university of applied sciences

Specialist training for higher education graduates

I want to receive the decision (which will only be issued in one language)

🗌 In Finnish

in Swedish

Date and place



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Attachments

Information on the required supporting documents can be found on the Valvira website.

Processing

An incomplete application and/or incomplete attachments to the application will delay the processing of the application. Valvira will not return your application documents.

Providing false information to an authority may lead to a penalty under the Criminal Code. Valvira may verify your education details in the country of your training and contact other authorities in order to investigate your application.

A fee will be charged for processing the case.

Sending

Send the form and attachments by post to Valvira, PO Box 43, FI-00521 Helsinki.

Alternatively, you may send the completed form and its attachments as an email attachment to <u>kirjaamo@valvira.fi</u>. Because e-mail is not recommended for sending confidential information, you may use a <u>secure message</u>. It is separately specified in the <u>application instructions</u> if the attachment must be sent by post.