

SECTION 2: APPLICANT'S NEXT OF KIN / LEGAL GUARDIAN PARTICULARS

(To be contacted in case of emergency)

Please tick [v]

Family relationship with the person whose particulars are supplied.							
Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Spouse / Partner	<input type="checkbox"/>	Guardian	<input type="checkbox"/>

Title: Mr. Mrs. Other (Specify)

Surname:

First Names in Full: Initials

ID Number:

Home Address (Next of Kin / Guardian):

Tel: Work:

Tel: Home:

Employer (Next of Kin / Guardian):

Occupation:

Employers Address:

SECTION 3: SCHOOLS LEAVING PARTICULARS

Last High School Attended:

School Address:

Tel:

Year of Completion:

Note: Submit available High School Results.

A Certified copy of your school symbols should accompany this application. Please furnish your symbols and Certificate.

S/N	Subjects	Type of Exam (SGCSE,IGCSE, HIGCSE, O'Level, Matric)	Symbol
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

International Students should note that only original School Leaving Certificates or an Advice of Results with confirmation from the relevant Examination Authority stating that certificates will be issued during the year of registration, will be accepted.

DECLARATION

I hereby declare that all the particulars given in these application form are true and correct. I further declare that my enrolment as a student at Good Shepherd College of Nursing (GSCN) shall be subject to the terms and conditions contained in the agreement, which I shall complete and sign at registration.

SIGNATURE OF APPLICANT: DATE:

SIGNATURE OF GUARDIAN: DATE:

Office use only

APPLICATION FEE RECEIVED: _____	RECEIPT NUMBER: _____
LATE FEE RECEIVED: _____	RECEIPT NUMBER: _____
DATE RECEIVED: _____	SIGNATURE: _____

SECTION 4:

PLEASE CHECK IF YOU HAVE DONE THE FOLLOWING

TICK [v]

- 1. COMPLETED ALL SECTIONS?.....
- 2. ENCLOSED APPLICATION FEE?.....
- 3. FOR HIGH SCHOOL LEAVERS; ENCLOSED AN OFFICIAL COPY / COPIERS OF YOUR HIGH SCHOOL SYMBOLS
- 4. REFERENCES.....

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

DECLARATION BY APPLICANT

I DECLARE THAT ALL THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AGREE THAT IF AM ACCEPTED AT THE COLLEGE, I SHALL BE UNDER THE DISCIPLINARY CONTROL OF THE COLLEGE AUTHORITIES AND UNDERTAKE TO ABIDE BY ALL THE RULES AND REGULATIONS OF THE COLLEGE.

Full Name of Applicant:	
Signature of Applicant:	
Full Name of Parent / Guardian:	
Address of Parent / Guardian:	
Tel. No. of Parent/ Guardian:	
Signature of Parent/ Guardian:	
Place:	
Date:	