Good Shepherd College



Please tick [\forall]

CHECK LIST FOR APPLICANTS: (Please mark enclosed)

GOOD SHEPHERD COLLEGE

P.O. Box 2 Siteki, **Tel:** 2343 6556, **Fax:** 2343 5471, **Email:** info@gscn.org.sz

APPLICATION FOR ADMISSION 2019/2020

Start Date: 12 February 2019—End Date: 28 February2019

CERTIFICATE IN NURSING ASSISTANT

FILLED APPLICATION TO BE RETURNED ON OR BEFORE 29th MARCH 2019

PASS	PORT	PHO	TO

OF

APPLICANT

Please attach a recent Passport
Photo of your self.

APPLICATION NUMBER:

♦ 2 REFERENCES (1School/Work,2Church)		
APPLICATION FEE		
CERTIFIED COPY OF SYMBOLS		
♦ PROOF OF PAYMENT		
	rm where space is provided or place "X" in the correct square. All documents submitted will not be returned to applicants.	
Application fees	Completed Application Form and proof of	f payment must be
Local ApplicantsInternational Application	E 350.00 returned to the College: Attention Admiss	sion Secretary
 Late Local Application Late International Application 	E 500.00 Good Shepherd College Of Nursing E 600.00 P.O. Box 2	
	Siteki	
To be paid at the Bank; Banking Details:	L300	
	de: 360 764	
Account Holder : GOOD SHEPHERED COLLEG Account Type : CALL ACCOUNT	OF NURSING	
SECTION 1: PERSONAL DETAILS		
Gender Please tick [V] Male	Female Title Mr. Mrs.	Miss
Gender Please tick [v] Male Surname:	Female Title Mr. Mrs.	Miss
	Female Title Mr. Mrs.	Miss
Surname:	Female Title Mr. Mrs. Maiden Surname:	Miss
Surname: Full Names:		Miss
Surname: Full Names:	Maiden Surname:	Miss
Surname: Full Names: Date of Birth:	Maiden Surname:	Miss
Surname: Full Names: Date of Birth: I.D. Number:	Maiden Surname:	Miss
Surname: Full Names: Date of Birth: I.D. Number: Citizenship:	Maiden Surname:	Miss
Surname: Full Names: Date of Birth: I.D. Number: Citizenship: Languages Spoken:	Maiden Surname:	Miss
Surname: Full Names: Date of Birth: I.D. Number: Citizenship: Languages Spoken: CONTACT DETAILS	Maiden Surname:	Miss
Surname: Full Names: Date of Birth: I.D. Number: Citizenship: Languages Spoken: CONTACT DETAILS Residential Address:	Maiden Surname:	Miss
Surname: Full Names: Date of Birth: I.D. Number: Citizenship: Languages Spoken: CONTACT DETAILS Residential Address: Postal Address:	D D M M Y Y Y Y	Miss Miss
Surname: Full Names: Date of Birth: I.D. Number: Citizenship: Languages Spoken: CONTACT DETAILS Residential Address:	D D M M Y Y Y Y Postal Code	Miss

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

(To be contacted in case of emergency)

Please tick [√]													
	Fan	nily relationship wit	th the person	whose p	articu	lars are	suppli	ed.					
Father	N	Nother	S	pouse /	Partne	er		Gua	rdian				
Title:		Mr.	Mrs.	Othe	er (Spe	cify)							
Surname:													
First Names in	Full:								I	nitials			
ID Number:													
Home Address Guardian:	(Next of Kin /												
Tel: Work:													
Tel: Home:													
Employer (Nex	t of Kin / Guardian:												
Occupation:													
Employers Add	lress:												
SECTION 3: SCI	HOOLS LEAVING PA	RTICULARS											
Last High Scho	ol Attended:												
School Address	s:												
Tel:													
Year of Comple	etion:												
Note: Submit	available High Scho	ol Results.											
A Certified cop	by of your school sy	mbols should accon	npany this ap	plication	. Pleas	e furn	ish your	symb	ols an	d Cert	ificat	е.	
S/N		Subjects				Type	e of Exa	m				Symb	ol

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 fron
the relevant Examination Authority stating that certificates will be issued during the year of registration, will be accepted.

DECLARATION			
enrolment as a student at (e particulars given in these application Good Shepherd College of Nursing (Gi at, which I shall complete and sign at r	SCN) shall be s	e and correct. I further declare that my ubject to the terms and conditions
SIGNATURE OF APPLICANT:		DATE:	
SIGNATURE OF GUARDIAN:		DATE:	
	Office use on	ly	
APPLICATION FEE RECEIVED:_	F	RECEIPT NUMBE	R:
LATE FEE RECEIVED:	F	RECEIPT NUMBE	R:
DATE RECEIVED:	•	SIGNATURE:	

SECTION 4:

PLEASE CHECK IF YOU HAVE DONE	THE FOLLOWING	TICK [√]
1. COMPLETED ALL SECTIONS?		
2. ENCLOSED APPLICATION FEE?		
3. FOR HIGH SCHOOL LEAVERS; ENC	LOSED AN OFFICIAL COPY / COPIERS OF YOUR HIGH SCHOOL SYMBOLS	
4. REFERENCES		
DECLARATION BY APPLICANT		
AGREE THAT IF AM ACCEPTED AT TH	ORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE AND ECOLLEGE, I SHALL BE UNDER THE DISCIPLINARY CONTROL OF THE COLDE 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:		