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

DIPLOMA IN GENERAL NURSING

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

PASSP	ORT	PHO	то

OF

APPLICANT

Please attach a recent Passport
Photo of your self.

APPLICATION NUMBER:

I.D DOCUMENT—CERTIFIED COPY 2 REFERENCES (1School/Work,2Church)																
APPLICATION FEE																
♦ CERTIFIED COPY OF SYMBOLS																
♦ PROOF OF PAYMENT																
Instructions: Use block letters to complete this f An incomplete application will not be accepted																
Application fees Local Applicants International Application Late Local Application Late International Application To be paid at the Bank; Banking Details: Bank Name: NEDBANK Branch: Account number: 0500 0004 0166 Branch Company Name Company Nam			ret <i>Go</i>	urne od Sh O. Box eki	d to th	ne Col	llege:	Atten	ntion /	roof o			t must	be		
Account Holder : GOOD SHEPHERED COLLEG Account Type : CALL ACCOUNT	E OF N	IURSII	NG													
SECTION 1: PERSONAL DETAILS																
	$\overline{}$				1					$\overline{}$	_			7		_
Gender Please tick [√] Male		Fe	male			Tit	le		Mr.		<u> </u>	Mrs.		<u> </u>	∕liss	
Gender Please tick [v] Male Surname:		Fe	male			Tit	le		Mr.		<u> </u>	Mrs.] N	∕liss	
		Fe	male			Tit	le		Mr.		<u></u>	Mrs.] N	/liss	
Surname:		Fe	male			Tit	le			n Surr	name:] N	/liss	
Surname: Full Names:		Fe D	male M	M	Y	Tit				n Surr] N	Aiss	
Surname: Full Names:				M	Y					n Surr					Aiss	
Surname: Full Names: Date of Birth:	D			M	Y					n Surr					Aiss	
Surname: Full Names: Date of Birth: I.D. Number:	D			M	Y					n Surr					Aiss	
Surname: Full Names: Date of Birth: I.D. Number: Citizenship:	D			M	Y					n Surr					Aiss	
Surname: Full Names: Date of Birth: I.D. Number: Citizenship: Languages Spoken:	D			M	Y					n Surr					Aiss	
Surname: Full Names: Date of Birth: I.D. Number: Citizenship: Languages Spoken: CONTACT DETAILS				M	Y					n Surr					Aiss	
Surname: Full Names: Date of Birth: I.D. Number: Citizenship: Languages Spoken: CONTACT DETAILS Residential Address:				M	Y										/liss	
Surname: Full Names: Date of Birth: I.D. Number: Citizenship: Languages Spoken: CONTACT DETAILS Residential Address:				M	Y						name:				/liss	
Surname: Full Names: Date of Birth: I.D. Number: Citizenship: Languages Spoken: CONTACT DETAILS Residential Address: Postal Address:			M	M M		Y					name:	: Code	Teleph		/liss	

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

(To be contacted in case of emergency)

Please tick [√]												
	Family relati	ionship with	the pers	on whos	e parti	culars a	re supp	lied.				
Father	Mother			Spouse	/ Parti	ner		Gua	ardian			
Title:	Mr.		Mrs.	O	ther (Sp	pecify)						
Surname:	[
First Names in Full:									In	nitials		
ID Number:												
Home Address (Next o Guardian:	f Kin /											
Tel: Work:	ĺ											
Tel: Home:												
Employer (Next of Kin	/ Guardian:											
Occupation:	Į											
Employers Address:	Į											
SECTION 3: SCHOOLS I	LEAVING PARTICULA	RS										
Last High School Atten	ded:											
School Address:												
Tel:												
Year of Completion:												
Note: Submit available A Certified copy of you	_		pany this	applicati	on. Ple	ase fur	nish you	ur symb	ools and	d Certi	ficate.	

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.

	ΙΔ			

DECLARATION		
enrolment as a student at Good Sh	ars given in these application form are true pherd College of Nursing (GSCN) shall be su 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 [√]
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:		