



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 February 2019

POST-DIPLOMA CERTIFICATE IN MIDWIFERY

FILLED APPLICATION TO BE RETURNED ON OR BEFORE 29th MARCH 2018

PASSPORT PHOTO

OF

APPLICANT

Please attach a recent Passport
Photo of your self.

CHECK LIST FOR APPLICANTS: (Please mark enclosed)

Please tick [v]

- ◆ I.D DOCUMENT—CERTIFIED COPY ☐
- ◆ 2 REFERENCES (1School/Work, 2Church) ☐
- ◆ APPLICATION FEE ☐
- ◆ CERTIFIED COPY OF SYMBOLS ☐
- ◆ DIPLOMA IN GENERAL NURSING CERTIFICATE ☐
- ◆ PROOF OF REGISTRATION WITH THE NURSING COUNCIL ☐

APPLICATION NUMBER:

Instructions: Use block letters to complete this form where space is provided or place "X" in the correct square.**An incomplete application will not be accepted.** All documents submitted will not be returned to applicants.Application fees

- Local Applicants E 350.00
- International Application E 500.00
- Late Local Application E 500.00
- Late International Application E 600.00

To be paid at the Bank;

Banking Details:

Bank Name : NEDBANK Branch: Matsapha
 Account number : 0500 0004 0166 Branch Code: 360 764
 Account Holder : GOOD SHEPHERD COLLEGE OF NURSING
 Account Type : CALL ACCOUNT

Completed Application Form and proof of payment must be
 returned to the College: Attention Admission Secretary

Good Shepherd College Of Nursing
P.O. Box 2
Siteki
L300

SECTION 1: PERSONAL DETAILS

Gender Please tick [v] Male ☐ Female ☐ Title Mr. ☐ Mrs. ☐ Miss ☐

Surname:

Full Names:

Date of Birth: Maiden Surname:

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I.D. Number:

Nationality:

If not a Swazi Citizen, please apply for a study permit.

CONTACT DETAILS

Permanent Physical Address:

Alternative Physical Address:

Postal Address:

Postal Code

Telephone/ Cell Number:

Cell Number Telephone

Email Address:

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		Mother		Spouse / Partner		Guardian	

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:	<input type="text"/>
School Address:	<input type="text"/>
Tel:	<input type="text"/>
Year of Completion:	<input type="text"/>

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.			

Last College/University attended:	
Address:	
Tel No:	
Year of Completion:	
Qualification:	
Class of result e.g <i>distinction</i> :	

Note: attach a copy of your college transcripts.

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

1. COMPLETED ALL SECTIONS?.....

2. ENCLOSED APPLICATION FEE?.....

3. FOR HIGH SCHOOL LEAVERS; ENCLOSED AN OFFICIAL COPY / COPIES OF YOUR HIGH SCHOOL SYMBOLS/
TRANSCRIPTS/ CERTIFICATES.

4. REFERENCES.....

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:	