



## GOOD SHEPHERD COLLEGE

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

## APPLICATION FOR ADMISSION 2021/2022

Start Date: 15 February 2021—End Date: 26 February 2021

## POST-DIPLOMA CERTIFICATE IN MIDWIFERY

FILLED APPLICATION TO BE RETURNED ON OR BEFORE 19th MARCH 2021

PASSPORT PHOTO

OF

APPLICANT

Please attach a recent Passport  
Photo of your self.

## CHECK LIST FOR APPLICANTS: (Please mark enclosed)

Please tick [ v ] SUPPORTING DOCUMENTS

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

For Office use only

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.**Each candidate is allowed to submit one (1) application.**Application fees

- Local Applicants E 420.00
- International Application E 590.00

To be paid at the Bank;

Banking Details:

Bank Name : NEDBANK Branch: Matsapha  
 Account number : 0500 0004 0158 Branch Code: 360 164  
 Account Holder : GOOD SHEPHERD COLLEGE OF NURSING  
 Account Type : CURRENTACCOUNT

Completed application form, supporting documents and  
 proof of payment must be returned to the College: Attention  
 Admission Secretary

*Good Shepherd College**P.O. Box 2**Siteki**L300**Or Email to: applications@gscn.org.sz*

## SECTION 1: PERSONAL DETAILS

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

Surname:

Full Names:

Date of Birth:         Maiden Surname:

D   D   M   M   Y   Y   Y   Y

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:

***(To be contacted in case of emergency)***

**NEXT OF KIN 1**

**Father**

Mother

**Spouse / Partner**

Guardian

Mr.

Mrs.

Other (Specify)

Initials

[illegible][illegible][illegible]

**Family relationship with the person whose particulars are supplied.**

## Father

Mother

**Spouse / Partner**

Guardian

Mr.

Mrs.

Other (Specify)

Initials

[illegible][illegible][illegible]

## Last High School Attended:

**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 *distinction*:

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.

S/N	Course	Grade (%)	Symbol
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

#### 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 PARENT/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:	