

Application Fee: _____ (Non Refundable)

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ITAWA COLLEGE OF NURSING
Blending Knowledge With Care And Experience

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APPLICATION FORM FOR ENROLLMENT INTO NURSING PROGRAMME

PART A: APPLICANT'S PERSONAL AND CONTACT DETAILS

1. First Name :..... Other Names :.....
Surname :.....2. Date of Birth :.....
- 3 NRC No...../...../..... or Passport No(For Non – Zambians):.....
- 4 Nationality..... 5. Sex : (M-Male F-Female)
6. Marital Status (Married , Single)
7. Postal Address :.....
.....
8. Residential Address:.....
.....
9. Contact Number.....10. Email:.....
11. Name and Address of Parents / Guardian / Next of Kin (Delete which is not applicable)
.....
.....
.....Contact Numbers :.....
12. High School attended and Year of Completion:
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PART B : ACADEMIC DETAILS (GRADE TWELVE (12) RESULTS OR ITS EQUIVALENT)

SNO	SUBJECT	GRADE	SNO	SUBJECT	GRADE
1	English		8	Religious Education	
2	Mathematics		9	Agricultural Science	
3	Biology		10	Food and Nutrition	
4	Science		11	Commerce	
5	Geography		12	Chemistry	
6	History		13	Physics	
7	Civic Education		14	Principles of Accounts	

PART C: PROFESSIONAL QUALIFICATIONS (PRIOR LEARNING),IF APPLICABLE

(COMPLETE TABLE STARTING WITH THE MOST RECENT QUALIFICATION OBTAINED)

LEVEL	YEAR		NAME OF COLLEGE/UNIVERSITY	QUALIFICATION OBTAINED	EXAMINING BODY
COLLEGE OR UNIVERSITY	FROM	TO			

Note: Attach documentary evidence of qualifications obtained – certified photocopies of certificates and not originals.

PART D: AWARDS RECEIVED (PRE-SERVICE CANDIDATES ONLY)

CATEGORY	TICK	YEAR AWARDED	INSTITUTION
Creativity & innovation (Eg JETS, Geography Projects etc.)			
Leadership related (Eg Prefects,Head boy/girl ,Scripture Union Leader etc.)			
Academic Excellence (Eg Best in Mathematics,biology etc.)			
Games (Football,netball,basketball etc.)			

Others (Eg Scripture Union membership and other faith based activities, dancing troops, choir ,cadets ,Marshal arts ,performing arts .)			
None			

Note: Attach documentary evidence of awards eg: certified copy of Testimonial

PART E: PRE-TRAINING EXPOSURE, IF APPLICABLE (COMPLETE TABLE)

CATEGORY	INSTITUTION / COMMUNITY	REMARKS
Professionally trained and qualified		
Community Health Assistant		
RedCross, Psycosocial counselling ,Peer educator etc.		
Classified daily employee at health facility		
Community Health work (Eg TBA,CHW,SMAG etc.)		
Others		
None		

Note: Attach documentary evidence of pre-training exposure eg: Introductory letter where possible

PART F : PHYSICAL OR COMMUNICATION DISABILITIES

1. Do you have any physical or communication disabilities? (Tick where applicable)

YES..... NO.....

2. If Yes circle the disability applicable:

- a. Vision
- b. Mobility
- c. Speech
- d. Hearing
- e. Other (Give details)

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PART G : PERSONAL STATEMENT

Explain why you are applying for this programme ,what you hope to learn from it and how it will benefit you (Please write with your own handwriting)

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PART H : DECLARATION AND SIGNATURE

- I declare that the information I have supplied on this form is to the best of my knowledge complete and correct.
- I acknowledge that my application for enrolment is subject to acceptance by the institution.
- That all documents supplied with this application form are legal and not fraudulently obtained.
- I further acknowledge that in the event my application for enrolment as a student is accepted by the institution, I will be bound by the provisions of the relevant **student statutes, Rules and policies** of the institution that are in force and lawful instructions from institutional authorities.
- That by signing this application form; I fully understand and agree with the above stipulations.

APPLICANT'S SIGNATURE:..... DATE:.....

ATTACHMENTS (Please attach the following documents:

1. Certified copy of Grade 12 statement of results or certificate.
2. Certified copy of National Registration Card or Passport (Foreign students)
3. Certified copy of professional qualification (s)
4. Certified copy of Award (s)
5. Photocopy of Pre-training exposure (s)
6. Photocopy of recommendation letter from Faith based institution eg : Church,if applicable
7. 2 Latest Passport size photos

FOR OFFICIAL USE ONLY

DATE RECEIVED :.....

RECEIPT NUMBER :.....

NAME OF RECEIVING OFFICER :

SIGNATURE OF OFFICER:.....