



**DIPLOMA IN MIDWIFERY PROGRAMME  
APPLICATION FORM**

**Address:**

Private bag  
Moriya 190  
Lesotho

**Contacts**

Tel: 52500111 / 22360011  
Website: [www.scottcon.ac.ls](http://www.scottcon.ac.ls)  
Email: [info@scottcon.ac.ls](mailto:info@scottcon.ac.ls)

**DEADLINE FOR SUBMISSION OF FILLED IN APPLICATION FORMS:  
08<sup>th</sup> MAY 2025 AT 16:00**

**Note: Please fill in the application form in block letters**

**Application for Admission to Study in 2025**

**IMPORTANT:** Read carefully before completing this form. This application will not be processed unless accompanied by the required documents and be signed.

**Whenever applicable, use “X” to mark the relevant block.**

Non-refundable Application fee: Local applicants: **M250.00** International applicants: **M350.00 payable at the bank. Banking details are as follows: PLEASE NOTE THAT THE APPLICATION FEE IS INCLUSIVE OF BANK CHARGES.**

**BANK: STANDARD LESOTHO BANK  
BRANCH: TOWER BRANCH  
ACCOUNT NUMBER: 9080000166444  
ACCOUNT TYPE: CURRENT ACCOUNT  
SWIFT Code: SBICLSMX  
ACCOUNT NAME: SCOTT COLLEGE OF NURSING**

<b>FOR OFFICE USE ONLY</b>	
Application	No.
Date	submitted:
_____	_____

**Note: Please note your application number given during submission of the application.**

**SECTION 1: PREVIOUS APPLICATION**

Have you ever been a registered student at Scott College of Nursing?

\_\_\_\_\_

If yes, state the year and student number:

Year: \_\_\_\_\_ Student No.: \_\_\_\_\_

**SECTION 2: PERSONAL DETAILS**

Surname: \_\_\_\_\_

Names: \_\_\_\_\_

Maiden name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Title (Mr., Mrs., Miss, Ms., other): \_\_\_\_\_

Citizenship: \_\_\_\_\_

Home Language: \_\_\_\_\_

Country of Permanent Residence: \_\_\_\_\_

ID Number: \_\_\_\_\_

Religion: \_\_\_\_\_

Denomination: \_\_\_\_\_

Correspondence address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Numbers: \_\_\_\_\_

**Marital Status:**

Married	
Single	
Widowed	
Divorced	
Separated	

Number of children, if any: \_\_\_\_\_

**Present Activity:**

Student	
Employed	
Other (specify) _____	

If employed state, the position:

\_\_\_\_\_

**SECTION 3: HEALTH STATUS**

Fair	
Good	

Do you have any chronic illness (es)? \_\_\_\_\_

Give details (if yes)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State food that you are allergic to:

\_\_\_\_\_  
\_\_\_\_\_

## SECTION 4: HIGH SCHOOL EXAMINATION DETAILS

### Examination:

COSC	
LGCSE	
IGCSE	
Other	

If other, specify: \_\_\_\_\_

Details of School where you completed your final year of high School

Name:	
Town:	
Country:	
Year of completion:	

## SECTION 5: DETAILS OF ACADEMIC QUALIFICATIONS

QUALIFICATION	INSTITUTION	YEAR OF COMPLETION
1.		
2.		
3.		

## SECTION 6: ADDITIONAL INFORMATION

### Next of kin:

Surname: \_\_\_\_\_

Names: \_\_\_\_\_

Title (Mr., Mrs., Miss, Ms., others): \_\_\_\_\_

Residential address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Work Tel. No.: \_\_\_\_\_  
 Home Tel. No.: \_\_\_\_\_  
 Cell No with dialing code.: \_\_\_\_\_

**Relationship: Tick the relevant next of kin**

Father	
Mother	
Guardian	
Spouse	
Other (specify)	

**SECTION 7: SPONSORSHIP**

NMDS	
Self-sponsor	

**SECTION 8: ENTRY REQUIREMENTS**

8.1 Must have passed Diploma/Bachelor in Nursing

**SECTION 9: SUPPORTING DOCUMENTS TO BE SUBMITTED**

1. Filled and signed application form
2. Certified copies of educational certificates and transcripts
3. Certified copy of ID
4. Application fee deposit slip
5. Two reference letters (one from your previous school or previous / current employer and the other from your church)

**Declaration and Undertaking**

I, \_\_\_\_\_ the undersigned applicant, declare that the information provided above is true and accurate to the best of my knowledge and agree to abide by Scott College of Nursing rules and regulations, to pay in full all fees and other charges due and payable in terms of the relevant applicable annual scheduled fees if admitted to study.

\_\_\_\_\_  
**Date** **Signature of Applicant**

Foreign applicants can electronically submit the application and the supporting documents to [info@scottcon.ac.ls](mailto:info@scottcon.ac.ls) and copy [a.zhangazha@scottcon.ac.ls](mailto:a.zhangazha@scottcon.ac.ls)

**NOTE: Filling in this application form does not guarantee admission**