

#### DIPLOMA IN MIDWIFERY PROGRAMME APPLICATION FORM

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# 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

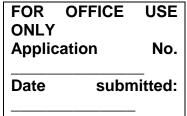
Application for Admission to Study in 2025

**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



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?

| f 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<br>COMPLETION |
|---------------|-------------|-----------------------|
| 1.            |             |                       |
| 2.            |             |                       |
| 3.            |             |                       |

#### **SECTION 6: ADDITIONAL INFORMATION**

Next of kin:

Surname: \_\_\_\_\_\_Names: \_\_\_\_\_\_ 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 ne | ext 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 <u>info@scottcon.ac.ls</u> and copy <u>a.zhangazha@scottcon.ac.ls</u>

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