

SCOTT



DIPLOMA IN NURSING PROGRAMME APPLICATION FORM

Address:

Private bag
Moriya 190
Lesotho

Contacts

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**DEADLINE FOR SUBMISSION OF FILLED IN APPLICATION FORMS:
21st MARCH 2025 AT 11:00AM**

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
ACCOUNT NAME: SCOTT COLLEGE OF NURSING**

FOR OFFICE USE ONLY	
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:	

SUBJECTS PASSED: Please fill in all the subjects passed, and the results obtained.

<u>SUBJECTS</u>	<u>SYMBOLS</u>	<u>OFFICE USE ONLY</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

Note: Foreign high school examination results should be evaluated by the Examination Council of Lesotho (ECoL) before submitting the application form.

SECTION 5: RECOGNITION OF PRIOR LEARNING

Do you have Certificate in Nursing Assistant qualification? _____

If yes, give the following details:

Institution where qualification was obtained: _____

Year of completion: _____

Years of service as a Nursing Assistant: _____

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.: _____

Dialing code: _____

Relationship:

Tick the relevant next of kin

Father	
Mother	
Guardian	
Spouse	
Other (specify)	

SECTION 7: ENTRY REQUIREMENTS

7.1. The following must be obtained at COSC level:

1. A minimum pass of seven (7) in English Language
2. A minimum pass of seven (7) in Mathematics
3. A minimum of six (6) in Physics / Chemistry / Combined Science **with** a pass in Biology **or** a minimum of six (6) in Biology with pass in Physics / Chemistry / Combined Science
4. A minimum of six (6) in any **other** three subjects **excluding** the above

OR

7.2. The following must be obtained at LGCSE/IGCSE level:

1. Minimum pass of D in English Language
2. Minimum pass of D in Mathematics
3. A minimum of C in Physics / Chemistry / Combined Science **with** a pass in Biology **or** a minimum of C in Biology with pass in Physics / Chemistry / Combined Science
4. Minimum pass of C in any **other** three subjects **excluding** the above

OR

7.3. Certificate in Nursing Assistant with minimum of 2 years working experience

SECTION 8: SUPPORTING DOCUMENTS TO BE SUBMITTED

1. Filled and signed application form
2. Certified copies of educational certificates or symbols
3. Certified copy of ID
4. Application fee deposit slip
5. Two reference letters (one from your previous school or previous / current employer if a Nursing Assistant 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

NOTE: Filling in this application form does not guarantee admission