

Form Code (for office use): CWS ..... /2023



# APPLICATION FOR ADMISSION

2023/2024

**NOTE THAT AN APPLICATION FORM WITH MISSING INFORMATION AND INCORRECTLY FILLED WILL NOT BE CONSIDERED.**

### ENTRY REQUIREMENTS

The applicant must possess LGCSE/COSC or equivalent. Foreign acquired qualifications should be evaluated by the Examinations Council of Lesotho (ECOL) before submission.

<p><b>DIPLOMA IN NURSING (LGCSE/COSC)</b></p>
<p>A candidate must have passed a minimum of <b>six (6)</b> subjects, which must include:</p> <ul style="list-style-type: none"> <li>• a <b>D</b> or better in Mathematics</li> <li>• a <b>D</b> or better in English language</li> <li>• a <b>C</b> or better in Physics/Chemistry</li> <li>• a <b>C</b> or better in Biology</li> <li>• a <b>C</b> or better in any other <b>two (2)</b> subjects</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Certificate in Nursing Assistant passed with merit /Distinction and a minimum of 5 passed subjects at COSC/LGCSE</li> </ul> <p>Working experience as a Nursing Assistant is an added advantage</p>

<p><b>CERTIFICATE IN NURSING ASSISTANT (LGCSE/COSC)</b></p>
<p>A candidate must have passed a minimum of <b>six (6)</b> subjects, which must include:</p> <ul style="list-style-type: none"> <li>• a <b>D</b> or better in English language</li> <li>• a <b>D</b> or better in Mathematics</li> <li>• a <b>D</b> or better in Physics/Chemistry/ Biology</li> <li>• a <b>D</b> or better in any other <b>three (3)</b> subjects</li> </ul> <p>Working experience as a ward attended is an added advantage.</p>

<p><b>DIPLOMA IN MIDWIFERY</b></p>	<p><b>TRANSFERRING IN STUDENTS</b></p>
<ul style="list-style-type: none"> <li>• Diploma in Nursing and registration certificate with LNC</li> </ul> <p><b>OR</b></p> <p>Diploma in Nursing second year transcript pending final results</p>	<ul style="list-style-type: none"> <li>• Application letter specifying reasons for transferring into Paray School of Nursing.</li> <li>• Recommendation letter from the Principal Nurse Educator/Rector of previous School of Nursing.</li> <li>• Transcript of previous academic year</li> </ul>

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1. Contact Paray School of Nursing on +266 66102264/+266 56879305 if you have queries while filling in the application form.

**SECTION 1**

**IMPORTANT NOTES TO ALL APPLICANTS**

- Tick ✓ (ONE) programme you are applying for.
- Transferring in applicants should tick ✓ both the programme and the transferring in boxes.

Certificate in Nursing Assistant

Diploma in Nursing

Diploma in Midwifery

Transfer in

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**SECTION 2**  
**IMPORTANT NOTES TO ALL APPLICANTS**

**2.1 APPLICATION**

**2.1.1.** All applicants must complete all the sections of the application form carefully and legibly (**write in capital letters**) and should submit this form to CHAL Maseru **OR** the Admissions office at Paray School of Nursing Thaba-Tseka.

**2.1.2.** A non-refundable application fee of **M 350.00** for Basotho, **M 450.00** for non-Basotho and **M 600.00** for transferring in students should be deposited into the school's bank account before submitting the application form. A computerized bank deposit slip should be attached to the form as proof of payment.

**NB. THE BANKING DETAILS OF THE SCHOOL**

**BANK ACCOUNT HOLDER: PARAY SCHOOL OF NURSING**

**ACCOUNT HOLDER'S ADDRESS:**

**P.O.BOX 02, THABA-TSEKA 550 LESOTHO**

**BANK ACCOUNT: 9080002551191**

**BRANCH: THABA - TSEKA**

**BRANCH CODE: 062 767**

**SWIFT CODE AND BIC: SBICLSMX**

**BANK NAME: STANDARD LESOTHO BANK**

**2.1.3.** All completed forms must be submitted to Paray School of Nursing or CHAL offices Maseru on or before the:

- 31<sup>st</sup> March 2023 for Diploma in Nursing and Certificate in Nursing Assistant.
- 28<sup>th</sup> April 2023 for Diploma in Midwifery
- For transferring students the application form should be submitted **3 months** before the commencement of the academic year.

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## 2.2. DOCUMENTS TO ACCOMPANY APPLICATION FORM

All applicants must submit certified copies of the following:

- Birth certificate
- Valid Identity Card for ALL Basotho
- Valid Passport for **ALL non-Basotho**
- Marriage certificate if married/Customary Agreement
- COSC/LGCSE certificate for those who completed a year or more years ago.
- Result slip **ONLY** for those who wrote examination in 2022.
- Two reference letters (**principal and the class teacher**), bearing stamp of previous school.
- A reference letter from the employer for those working in health facilities who wish to train as a nurse assistant.
- Computerized deposit slip as proof of payment for the application fee
- Any other relevant certificates.

### **For Diploma in Nursing applicants**

- Candidates who have completed Certificate in Nursing Assistant should submit a two reference letters.
  - One reference letter from the current employer
  - One reference letter from previous school of nursing.
- Nursing Assistant Certificates and transcript (For qualified Nursing Assistants)
- Nursing Assistants applying for Diploma in General Nursing should also attach their current annual LNC practicing license.

### **For Diploma in Midwifery applicants only**

- Diploma in Nursing Certificate or certified copy of second year academic transcript for the Diploma in Nursing pending final results.
- One Reference letter- one from the current/Previous School of Nursing (*this is not necessary for current Paray School of Nursing students*). Former Paray School of Nursing students should attach one reference letter.

### **For transferring in applicants**

- Application letter specifying reasons for transferring into Paray School of Nursing
- Recommendation letter from the Principal Nurse Educator / Rector of current School of Nursing
- Transcript of previous academic year

**2.3. Paray School of Nursing will not consider applications which do not have all the required documents**

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**SECTION 3**  
**PERSONAL DETAILS**

Fill in the table below with correct information.

3.1	Title (Mr./Mrs./Miss/Ms /Sr./Fr./Br.)	
3.2	Surname	
3.3	First Name	
3.4	Christian Name	
3.5	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
3.6	Marital Status	
3.7	Date of Birth	D/      M/      Y/
3.8	Age	
3.9	Place of Birth	
3.10	Nationality	
3.11	Identity Number (All Basotho)	
3.12	Passport Number (All non-Basotho)	
3.13	Home Language	
3.14	Religion	
3.15	Denomination	
3.16	Give details of any disabilities/illnesses for which special arrangements at school would be required.	
3.17	Do you have any special dietary needs? If yes, provide your requirements/proof from the Doctor	

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**SECTION 4**  
**APPLICANT'S CONTACT DETAILS**

4.1	Postal Address	
4.2	Residential/Physical Home Address	
4.3	Telephone number	
4.4	Cell Number	
4.5	Alternative number	
4.6	E-mail	

**SECTION 5**  
**DETAILS OF PARENT /LEGAL GUARDIAN**

5.1	Title (Dr./Mr./Mrs./Ms./Miss/Sr./Fr./Br)	
5.2	Surname	
5.3	First Name	
5.4	Christian Name	
5.5	Identity Number (ALL Basotho)	
5.6	Passport Number (All non-Basotho)	
5.7	Relationship with applicant	
5.8	Occupation	
5.9	Workplace	
5.10	Postal Address	
5.11	Residential/Physical Home Address	
5.12	Telephone number: Work	
5.13	Cell Number	
5.14	E-mail	

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**SECTION 6**  
**HIGH SCHOOL DETAILS**

	Subject	Symbol (Write in capital letters)	Year Completed	For Official Use
6.1				
6.2				
6.3				
6.4				
6.5				
6.6				
6.7				
6.8				
6.9				

**SECTION 7**  
**ADDITIONAL QUALIFICATIONS**

Name of Institution	Program	Duration	Passed with <i>e.g., Merit</i>	Year of Completion	For Official Use

Are you currently or recently been enrolled for a course in a tertiary insttution?

Yes

No

If yes provide the details of the course and institution you are/were enrolled in.

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**SECTION 8**

**TO BE COMPLETED BY MIDWIFERY APPLICANTS ONLY**

8.1 QUALIFICATION (TICK WHERE APPROPRIATE)

- 1. Diploma in Nursing
- 2. Second year transcript

8.2 SCHOOL WHERE QUALIFICATION IN SECTION 8.1 WAS ATTAINED

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**SECTION 9**

**SPONSORSHIP**

Declare who will be paying your school fees. (Tick **ONE** where appropriate)

National Manpower Development Secretariat (NMDS)

Self-sponsor

Bursaries

**NB: Admission to Paray School of Nursing does not guarantee sponsorship by NMDS. The outcome of sponsorship rests upon NMDS sponsorship eligibility criteria.**

**SECTION 10**

**DECLARATION BY APPLICANT**

I hereby certify that all the information I have given on this application form is complete and accurate to the best of my knowledge. I understand that falsification or omission of information or credentials may lead Paray School of Nursing to reject my application.

Signature of applicant.....

Date...../...../.....

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