



**DIPLOMA IN NURSING PROGRAMME  
APPLICATION FORM**

**Address:**

Private bag  
Moriya 190  
Lesotho

**Contacts**

Tel: 52500111 / 22360011  
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**DEADLINE FOR SUBMISSION OF FILLED IN APPLICATION FORMS:  
24<sup>TH</sup> MARCH 2023 AT 12HR00**

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

**Application for Admission to study in 2023**

**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**

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

**Note: Please note your application number given during submission of the application for interview purposes**

**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 Number: \_\_\_\_\_

**Marital Status:**

|           |  |
|-----------|--|
| Married   |  |
| Single    |  |
| Widowed   |  |
| Divorced  |  |
| Separated |  |

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

**Present Activity:**

|                          |  |
|--------------------------|--|
| Student                  |  |
| Employed                 |  |
| Other (specify)<br>_____ |  |

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 Examination Council of Lesotho (ECOL)

**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 any of the Science subjects (Biology, Physics and Chemistry, Combined Science or Biochemistry)
4. A minimum of six (6) in any **other** three subjects

**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. Minimum pass of C in any of the Science subjects (Biology, Physics and Chemistry, Combined Science or Biochemistry)
4. Minimum pass of C in any **other** three subjects

**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**