

ONLINE

2025/26



Student Application Form

***DEADLINE FOR SUBMISSION:
DIPLOMA IN NURSING &
MIDWIFERY APPLICATION***

21st FEBRUARY 2025

@ 13H00



A **NON-REFUNDABLE** APPLICATION FEE OF M 415.00 (FOUR HUNDRED AND FIFTEEN MALOTI) FOR NATIONALS AND US \$55.00 (FIFTY-FIVE DOLLARS) FOR INTERNATIONALS, EQUIVALENT WITH LOCAL CURRENCY (***NB: BANK CHARGES IS INCLUDED BOTH NATIONALS AND INTERNATIONALS.*** MUST BE PAID AND THE DEPOSIT SLIP ATTACHED TO THE APPLICATION FORM UPON SUBMISSION.

BANKING DETAILS

Bank	Nedbank Lesotho
Branch	Maputsoe
Account number	031000006729
Reference	Applicant's full names

		Student Number	Academic Year
		<i>(For Office Use)</i>	2024/25
A.	ACADEMIC DETAILS		
1.	Qualification you intend to follow (tick in the adjacent box)		
	Diploma in Nursing	<input type="checkbox"/>	<input type="checkbox"/>
	Diploma in Midwifery (Face-to-face)	<input type="checkbox"/>	<input type="checkbox"/>
	Diploma in Midwifery (ODL)	<input type="checkbox"/>	<input type="checkbox"/>
	Transferring in	<input type="checkbox"/>	<input type="checkbox"/>
	Re-Application to Continue Studies	<input type="checkbox"/>	<input type="checkbox"/>

B.	PERSONAL DETAILS OF APPLICANT							
2.	Title		3.	Initials		4.	Surname	
5.	Maiden Name (if applicable)		6.	Full Names				
7.	ID Number (Lesotho)		8.	Date of Birth				
9.	Passport Number (International Students)		10.	Passport Expiry Date				



B.		PERSONAL DETAILS OF APPLICANT (cont.)					
11.	Marital Status		12.	Gender	Female	Male	
13.	Home Language / Mother Tongue		14.	Church Affiliation			
15.	Physical Impairment						
16.	Residential or Physical Address (not school address)					Code	
17.	Postal Address					Code	
18.	Telephone No.		Fax No.				
	Cell No.		Email				

C.		NATIONALITY AND PLACE ORIGIN DETAILS			
19.	Citizenship / Nationality		20.	District	



D. O'LEVEL (COSC/LGCSE) DETAILS				
21.	Examination Year		24. Grade Passed (e.g. 1 st Class or 2 nd Class)	
22.	Senior Certificate Type (i.e. COSC/LGCSE)			
23.	School Name			
24.	Subjects and results of passed examination	Subject		Symbol/ Level

E. POST-SCHOOL ACADEMIC ACTIVITIES								
25.	Were you previously registered at this or another Institution of higher learning? If yes, please supply the following information :					YES		NO
	Institution	Student Number	Period From-To	Was the qualification completed ?			If YES, which year?	
				Yes	No			
				Yes	No			
	Previous work experience			≤ 2 years			≥ 2 years	
26.	If you have studied at another institution, please attach your Academic Transcript							
27.	Have you previously been excluded from any institution of higher learning? If yes, supply the following information					YES		NO
	Name of Institution							
	Qualification excluded from							
	Date and period of exclusion	Date		Period				
	Grounds for exclusion (academic, financial or disciplinary)							



F. RESIDENTIAL APPLICATION (OPTIONAL)

28. Would you like accommodation on campus?

YES

NO

**Please Note that accommodation on campus is not guaranteed*

G. FINANCIAL AID (OPTIONAL)					
29.	How do you plan to pay the fees?	Self-sponsored			Bursary/Sponsor
30.	How did you pay fees for High School level?	Parent		Social Development	Other

H. PARTICULARS OF PARENTS/GUARDIAN/ SPOUSE/ NEXT OF KIN							
30.	Title	Initials	Surname		Relationship		
31.	Residential Address (not postal address)					Code	
32.	Postal address					Code	
33.	Contact Numbers	Work		Home		Cell phone	



I.

DECLARATION

I _____ (full names)
hereby declare that :

- All the information provided in this document is true and that I will abide with all the rules and regulations of Maluti Adventist College;
- I have concluded this agreement with the knowledge and consent of my parents/guardian/spouse or next of kin; and

Please Note: The College reserves the right to verify the information provided.

Signed at _____ on the _____ day of _____ 20_____

Signature of Applicant : _____

Date : _____

Please Note: The College reserves the right to call the candidates who best meet the selection criteria.



FOR OFFICE USE

Documents to accompany the Application Form

(All testimonials should be enclosed in a sealed and stamped envelope)

Identity Document / Passport <i>(certified copies)</i>	Proof of application fee payment
LGCSE/ COSC Certificate <i>(certified copies)</i>	Marriage Certificate <i>(certified copies)</i>
Nursing Assistant Certificate <i>(certified copies)</i>	Denominational Testimonial <i>(reference letter from the Church)</i>
Academic Transcript <i>(certified copies)</i>	Academic Performance
ECOL Evaluation <i>(for international School leaving results)</i>	Testimonial <i>(see attached form)</i>
Proof of registration with LNC <i>(only for Nursing Assistant, certified copy)</i>	Proof of Residence <i>(Letter from the Chief with Stamp)</i>

Name of processing officer

Signature of processing officer

Office Stamp



Academic Performance Testimonial

(This testimonial should be filled at the school where the applicant sat for COSC/ LGSCE Final examinations)

Applicant's Names: _____

School where applicant sat for COSC/ LGSCE Final examinations: _____

Year in which applicant sat for examinations: _____

Indicate the final grades that the Applicant obtained in the last Final LGCSE results as per the ECOL Results Slips in your school.

Integrated Sciences: _____ OR Combined Science: _____, Additional Combined Sciences: _____ OR

Biology: _____ Physics: _____, Chemistry: _____ Mathematics: _____ English: _____

Other Subjects Passed:

Subjects	Grades

In total how many subjects did the applicant sit for in the last LGCSE final examinations: _____?

How many subjects in total has the applicant passed: _____ regardless of the grade obtained.

I affirm that the Learner's studies were financed through:

Parent		Social Development		Other	
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I _____ certify that the information given here is true to the best of my knowledge _____ Designation.

Give detail testimonial of applicants conduct during the period of study:

Principal's Signature: _____



Official School Stamp



Academic Performance Testimonial

(This testimonial only for applicants into the face-to-face Diploma in Midwifery programme to be filled at the institution where the applicant enrolled for General Nursing)

Section A: *To be filled by Head of Programme or any relevant office*

Applicant's Names: _____

School where applicant enrolled for General Nursing: _____
in which applicant sat for final professional examinations in _____
(month and year).

Provide final overall weighted mean (OWM) result for:

First year General nursing: _____

Second year General Nursing: _____

I _____, designation, _____, verify that
Mr./Ms. _____ has sat for his/her final professional
examinations and is currently awaiting results or has completed General Nursing.

Signature: _____

Section B: *To be filled by the student affairs or any relevant office*

Provide a detailed testimonial of applicants' conduct during the period of study:

Signature: _____

Official stamp



Academic Performance Testimonial

(This testimonial only for applicants into the Diploma in Nursing programme to be filled at the institution where the applicant enrolled for Nursing Assistant)

Section A: *To be filled by Head of Programme or any relevant office*

Applicant's Names: _____

School where applicant enrolled for Nursing Assistant: _____
in which applicant sat for final professional examinations in _____
(month and year).

Provide final overall weighted mean (OWM) result for:

Nursing Assistant: _____

I _____, designation, _____, verify that
Mr./Ms. _____ has sat for his/her final professional
examinations and has completed Certificate in Nursing Assistant.

Signature: _____

Section B: *To be filled by the student affairs or any relevant office*

Provide a detailed testimonial of applicants' conduct during the period of study:

Signature: _____

Official stamp



Employer's Commitment Testimonial

(This testimonial should be filled by the employer of the prospective student into Diploma in Midwifery open and distance learning (ODL) at Maluti Adventist College (MAC))

Applicant's Names: _____

Health facility where applicant is currently working: _____

Specify the unit / department where an applicant is currently working: _____

The commitment testimonial seeks to ascertain the support of an employer to enabling a prospective student who wishes to study the Diploma in Midwifery (ODL) programme at MAC to meet the programme specific key requirements such as:

1. Allowing time to attend face to face contact sessions and
2. To rotate between relevant clinical placement settings in order to practice Midwifery specific skills appropriately.

I _____, on behalf of _____
(institution) _____ (designation), verify that Mr./Ms.
_____ is a Registered nurse working
without a Midwifery qualification. He/she has been allowed to apply for the Diploma
in Midwifery (ODL) programme at MAC. I commit on behalf of the institution to
provide her/him with necessary support in order to make her/ his learning favourable.

Employer's Signature: _____

