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**Attach a recent coloured passport size photo here**

**Roma College of Nursing**

P.O. Box 26 Tel: 28340486

Roma 180 Cell: 59400444

Lesotho Email: info@rcn.org.ls

Website: [www.rcn.org.ls](http://www.rcn.org.ls)

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APPLICATION FORM FOR

 NURSING PROGRAMME

**FOR OFFICE USE ONLY**

**Application to study in 2025/26 Academic Year**

**YOUR REFERENCE NO.: 2025/\_\_\_\_** Amount paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Selection decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## IMPORTANT:

Read carefully before completing this form. This application will **NOT** be processed unless you:

* Meet entry requirements
* Completely filled and signed the application form
* Pay application fee

## ENTRY REQUIREMENTS: -

***A minimum of six (6) subjects with the following:***

1. ***COSC Holder***
* D or better in English Language
* D or better in Mathematics
* Credit (C or better) in any Science Subject preferably Biology
* Credit in any other three (3) subjects
1. ***LGCSE/IGCSE Holder***
* D or above in English Language
* D or better Mathematics
* C or better in any Science Subject preferably Biology
* C and better in any other three (3) subjects
1. ***NA Certificate Holder:***
* Pass with Distinction
* Pass with Merit, Credit and a Pass with two (2) years working experience and valid license practice

**[PLEASE FILL IN THE APPLICATION FORM IN BLOCK LETTERS]**

**WHENEVER APPLICABLE, USE “X” or “√” TO MARK THE RELEVANT BLOCK OR “N/A” WHERE NOT APPLICABLE.**

### SECTION 1: Previous Application

Have you ever been a registered student at Roma College of Nursing?

No

Yes

If yes, state the year of admission and student number:

**Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### SECTION 2: Personal Details

|  |  |
| --- | --- |
| **Surname:** |  |
| **First Names:** |  |
| **Maiden Name** **(if applicable)** |  |
| **Date of Birth:** | Y | Y | Y | Y | M | M | D | D | **Gender:** | M | F |
| **Nationality:** |  | **Home Language:** |  |
| **Country:** |  |
| **Religious Denomination (Specify):** |  |
| **Passport/ID Number:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Marital Status:** | Single | Married | Widowed | Divorced |
| **Present Activity:** | Student | Employed | Other: (specify) |
| **Residential Address:** |
|  |
|  |
|  |
| **Contact No/s:** |  | **Email:** |  |

### SECTION 3: Additional Information

**Next of kin**

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship:** Father Mother Guardian

 Spouse Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title:** | Mr. | Ms.  | Mrs.  | **Occupation:**  |
| **Residential Address:**  | **Contact No.:** |
|  | Home: |
|  | Work: |
|  | Cell: |
| **Postal Code:** | **Dialling Code:** |

### SECTION 4: Health Status

No

Yes

Do you have any chronic illness(es) that might require support?

If yes give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

Yes

Do you have any disability that might require support?

If yes give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Yes | No |

Do you have any allergies?

If yes give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### SECTION 5: High School Examination Details

**Examining Authority:**

COSC IGCSE

 MATRICULATION LGCSE OTHER (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of School where you have completed your final year of High School**

|  |  |
| --- | --- |
| Name: |  |
| Town: |  |
| Country: |  |
| Year of completion: |  |

**SUBJECTS:** Please fill in all your subjects and the results where available.

|  |  |  |
| --- | --- | --- |
| **SUBJECTS** | **SYMBOLS** | **OFFICE USE ONLY** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10. |  |  |

### **SECTION 6:** Additional academic qualification

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution name | Qualification | Completed | Date of completion | Years attended |
| Yes | No  | From | To |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Have you been refused entry to, expelled or excluded from another institution?

Yes No

If yes provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECTION 7: **Sponsorship**

State the name of your potential sponsor.

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NMDS

Self

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State your previous sponsor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you were sponsored by NMDS, provide your financial statement**

**SECTION 8: Accommodation**

Do you wish to reside at the College Campus? Yes No

If yes, state the reason why you need to stay on-campus. ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**SECTION 9: Declaration and Undertaking**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that the information supplied is true and accurate to the best of my knowledge and belief, and that the College has the right to verify the same.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Applicant Date**

***FILLING IN OF THIS APPLICATION FORM DOES NOT GUARANTEE ADMISSION.***

## DOCUMENTS TO BE ATTACHED:

1. *Certified copies of symbols, transcripts and certificates (COSC, LGCSE, IGSE or Nursing Assistant academic records)*
2. *Three reference letters from: last school attended; any person but not a relative who have known the applicant for 2 years or more and; parish priest or pastor*
3. *For NAs the second reference should come from place of work specifying period of experience*
4. *Marriage certificate (if married)*
5. *Passport or National ID (****NOT*** *Independent Electoral Commission ID)*
6. *Proof of payment*
7. *NMDS loan settlement proof if applicable*

***FAILURE TO BRING ANY OF THE REQUIRED DOCUMENTS WILL LEAD TO NON-CONSIDERATION OF THE APPLICATION***

**NB.**

1. *Fees are subject to change for each academic year. It is also the responsibility of students to apply for sponsorship, the College only facilitates the process of established sponsorships.*
2. ***Application fee (non-refundable) for****:*
* *Lesotho citizens: M363.00 plus M30.00 bank charge (total =M393.00)*
* *Non-Lesotho citizens: M508.20 plus M30.00 bank charge (total =M538.20)*
1. *All fees are subject to 10% inflation annually*
2. *All bank deposits attract M30.00 bank charge*

***Estimated fee structure for 2025/2026 total = M46,587.00***

1. ***All deposits should be made at:***
* ***Nedbank Lesotho***

*Name of Account: Roma College of Nursing*

*Type of Account: Current Account*

*Account Number: 71000001354*

* ***Electronic Funds Transfer (EFT)***
* ***Point of Sale Machine Swipe***
* ***MPESA (80707)***

***FILLED APPLICATION FORMS SHOULD BE SUBMITTED TO ROMA COLLEGE OF NURSING MAIN OFFICE ON OR BEFORE 06/03/2025 NOT LATER THAN 12HOO***