



# 2025-2026 APPLICATION FORM



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[www.parayson.ac.ls](http://www.parayson.ac.ls)

[info@parayson.ac.ls](mailto:info@parayson.ac.ls)

Paray School of Nursing



### 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.

<b>CERTIFICATE IN NURSING ASSISTANT (LGCSE/COSC)</b>
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A candidate must have passed a minimum of <b>six (6)</b> subjects, which must include:
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| <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> |
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Working experience as a ward attended is an added advantage.
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<b>DIPLOMA IN NURSING (LGCSE/COSC)</b>
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A candidate must have passed a minimum of <b>six (6)</b> subjects, which must include:
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| <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> |
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**OR**

- |  |
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| <ul style="list-style-type: none"> <li>• Certificate in Nursing Assistant passed with merit /Distinction and a minimum of 5 passed subjects at<br/>COSC/LGCSE</li> </ul> |
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Working experience as a Nursing Assistant is an added advantage
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<b>DIPLOMA IN MIDWIFERY</b>	<b>TRANSFERRING IN STUDENTS</b>
<ul style="list-style-type: none"> <li>• Diploma in Nursing and registration certificate with LNC</li> </ul> <p>OR</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>

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

**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

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

## **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 2025** for Diploma in Nursing and Certificate in Nursing Assistant.
- **30<sup>th</sup> April 2025** 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 **2024**
- A Candidate should fill in the attached relevant reference form
- Computerized deposit slip as proof of payment for the application fee
- Any other relevant certificates.

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

- 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 2025**

### **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.

### **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**

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

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

3.1	Title (Mr./Mrs./Miss/Ms /Sr./Fr./Br.)	
3.2	Surname	
3.3	First Name	
3.4	Christian Name	
3.5	Gender	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 e.g Christian	
3.15	Denomination e.g RCC, LECSA	
3.16	Do you have any disabilities/illnesses that needs special arrangements? If yes provide your requirements	
3.17	Do you have any special dietary needs? If yes, provide your requirements/proof from the Doctor	

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

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

4.1	Residential/Physical Home Address	
4.2	Cell Number	
4.3	Alternative number	
4.4	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	Residential/Physical Home Address	
5.11	Telephone number: Work	
5.12	Cell Number	
5.13	E-mail	

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

	<b>Subject</b>	<b>Symbol (Write in capital letters)</b>	<b>Year Completed</b>
6.1			
6.2			
6.3			
6.4			
6.5			
6.6			
6.7			
6.8			
6.9			

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

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

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

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

If You selected Bursaries please specify the name of sponsor

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

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**REFERENCE FORM**

*(to be filled by applicants who hold COSC/LGSE only)*

**To be completed by the applicant**

Applicant's Full Names \_\_\_\_\_

Programme applied for \_\_\_\_\_

**To be completed by the Class Teacher**

Name of referee \_\_\_\_\_ Name of School \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

**To be completed by the Principal**

Name of referee \_\_\_\_\_ Name of School \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Official Stamp

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**REFERENCE FORM**

*(to be filled by applicants who hold a Certificate in Nursing Assistant and Diploma in Nursing qualification only)*

**To be completed by the applicant**

Applicant's Full Names \_\_\_\_\_

Programme applied for \_\_\_\_\_

**To be completed by previous nursing institution**

Name of referee \_\_\_\_\_ Occupation \_\_\_\_\_

Name of institution \_\_\_\_\_

Comments \_\_\_\_\_

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Signature \_\_\_\_\_ Official Stamp

**To be completed by current/previous employer**

Name of referee \_\_\_\_\_ Occupation \_\_\_\_\_

Name of institution \_\_\_\_\_

Comments \_\_\_\_\_

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Signature \_\_\_\_\_ Official Stamp

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