



# FAMILY HEALTH UNIVERSITY COLLEGE

SCHOOL OF NURSING AND MIDWIFERY

PLEASE AFFIX TWO  
PASSPORT SIZE  
PICTURES HERE  
(WHITE BACKGROUND)

## ADMISSION FORMS

### APPLICANT'S PERSONAL INFORMATION

1. Biographical Information	Surname		First Name		Other Name	
	Ms.	Miss.	Mr.	Mrs.	<b>Gender</b>	Male
2. Title						
3. Date of Birth	Day		Month	Year		
4. Marital Status	Married		Single			
5. Nationality						
6. Religion						
<b>CONTACT INFORMATION</b>						
7. Email					<b>Telephone</b>	
8. Correspondence Address						
Name and address of Parent / Guardian / Sponsor / Next of Kin	Name			Address		
	Contact number (s)					

## PROGRAMME

9. REGISTERED GENERAL NURSING (RGN)	
10. REGISTERED MIDWIFERY (RM)	
11. REGISTERED NURSE ASSISTANT CLINICAL (RNAC)	
12. BSC NURSING	
13. BSC MIDWIFERY	

<b>SESSION</b>	REGULAR	EVENING	WEEKEND	SANDWICH
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

<b>14. Entry Qualification</b>	WASSCE	SSSCE	A' Levels	Professional	Mature	Other (Specify)

<b>15. Professional Information and Year Obtained</b> (if any)	Institution	Professional Qualification	Year Obtained

PIN \_\_\_\_\_

<b>16. Employment / National Service</b>	Name of Organisation	From	To	Position Held

**17. BOND**

1. Are you bonded      YES        NO

If yes indicate name of organisation to which you are bonded:

\_\_\_\_\_

Date of Expiration of bond. \_\_\_\_\_

## APPLICANT'S EDUCATIONAL INFORMATION

Subjects Taken Please Specify 1st, 2nd and / or 3rd attempt (s)	WASSCE GRADES			SSSCE GRADES			O' LEVELS GRADES			A' LEVELS GRADES			OTHER (SPECIFY)	
	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd
English Language														
Inter. Science														
Mathematics														
Social Studies														
<b>Elective Subjects</b>														
1.														
2.														
3.														
4.														

**17. Endorsements**

Declaration and Signature of Applicant I declare that the statements on this form are correct. I understand that any offer of admission may be withdraw if the infirmation provided is fraudulent or if I cannot provide documentary evidence.

**Endorsements by Referee**

This forms must be endorsed by Minister of a religion, Former head of S.H.S, Medical Practioner, Previous employer, Lawyer, any Public Servant not below the rank of Assistant Director.

I certify that the applicant is personally known to me, and that i have vetted both the photograph attached, and the claims contained in this application and that to the best of my knowledge, the information can be said to be true.

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**Official Use Only**

Selected:  Incoming Level

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Not  Reasons if not

Signature	Date
Name	Address
Signature	Stamp
	Signature:
	Date:

Receipt Number:	Sold by:
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**PLEASE NOTE**

Applicants who meet the Entry Requirements will be shortlisted and contacted for an interview at a fee.

You will be required to present at the interview, Original copies of any certificate attached, including Birth Certificate and WASSCE / SSSCE results.

Deadline for Submission of form:.....