



Application for Admission to the Bachelor of Nursing Atoifi College of Nursing

an affiliated campus of Pacific Adventist University



DATE RECEIVED REVIEWED BY SCHOOL APPLICATION STATUS

| | | | | |
|-----------------|--|--|--|--|
| OFFICE USE ONLY | | | | |
|-----------------|--|--|--|--|

Welcome

Atoifi College of Nursing (ACON), an affiliated campus of Pacific Adventist University (PAU), is focused on providing spiritual growth in addition to academic excellence. It integrates education on Health, Science and Christian faith. If you desire to study in an environment that involves integrating your spiritual values and your direction to find God, the ACON is the right place for you! Thank you for your interest in ACON. This is the application form for the Bachelor of Nursing Course Admission to ACON. We require that you carefully read and complete all sections of this application form as required. Use the checklist on page 4 (section 9) to ensure all information is included.

INCOMPLETE FORMS WILL NOT BE PROCESSED!

ATTACH ID
PHOTO HERE

Admission Information

Admission to Atoifi College of Nursing is available to any student who meets the academic and character requirements of the college and expresses willingness to cooperate with its policies. As Atoifi College of Nursing is operated by the Seventh-day Adventist Church, the majority of its students are Seventh-day Adventists. However, no particular religious commitment is required for admission; any qualified student who is comfortable with its religious, social and cultural atmosphere may be admitted. The college does not discriminate on the ground of race, gender, colour, creed, nationality or ethnic origin, age, disability or other legally protected characteristics.

Section 1: Personal Details

Please print clearly or place an X in the circle.

| | | | | |
|-------------|--------------|--------------------------|--------------------------|-----------------------------|
| FIRST NAME: | MIDDLE NAME: | | | |
| SURNAME: | TITLE: | <input type="radio"/> Ms | <input type="radio"/> Mr | <input type="radio"/> Other |

| | | |
|----------------------|----------------------|---|
| DATE OF BIRTH | AGE | GENDER |
| <input type="text"/> | <input type="text"/> | <input type="radio"/> Male <input type="radio"/> Female |

(day/month/year)

| | | | |
|----------------------|----------------------------|--------------------------------|------------------------|
| RELIGION | DATE OF BAPTISM (SDA ONLY) | PLACE OF MEMBERSHIP (SDA ONLY) | NATIONALITY & PROVINCE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|--|----------------------|
| EMAIL ADDRESS | POSTAL/ RESIDENTIAL ADDRESS (WHERE YOU LIVE) | |
| <input type="text"/> | <input type="text"/> | |
| TELEPHONE | FAX | MOBILE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Section 4: Accommodation Information

Please note that dormitory accommodation is for single students only.

ACCOMMODATION FOR SINGLE STUDENTS

| |
|--|
| <input type="radio"/> Day Student |
| <input type="radio"/> Accommodation in Ladies' Residence |
| <input type="radio"/> Accommodation in Men's Residence |

Section 5: Character Information

Names and addresses of two (2) referees (not relatives) that are providing character references to support your application.

REFEREE 1

| | | | |
|------------|--|------------------|--------|
| NAME: | | TITLE OF REFEREE | |
| ADDRESS | | | |
| TELEPHONE: | | FAX | EMAIL: |

REFEREE 2

| | | | |
|-----------|--|------------------|-------|
| NAME | | TITLE OF REFEREE | |
| ADDRESS | | | |
| TELEPHONE | | FAX | EMAIL |

All references must be sent directly to the Admissions Officer with the applicant's name.

Section 6: Financial Information/Sponsorship Details

Sponsorship Type

| | | |
|---------------------------------------|---|-----------------------------------|
| 1. SELF SPONSOR <input type="radio"/> | 2. CORPORATE/BUSINESS <input type="radio"/> | 3. EMPLOYER <input type="radio"/> |
| | Name: | Name: |
| | Address: | Address: |
| | Email: | Email: |
| | Telephone/Fax: | Telephone/Fax: |
| | Mobile: | Mobile: |

ACON Bachelor of Nursing fees per annum 2023 for self-sponsor.

Year 1, 2 & 3

| | |
|-------------------------------|--------|
| Tuition | 12,000 |
| Practicum | 1,200 |
| Boarding | 7,100 |
| Library | 300 |
| Printing | 200 |
| Uniform | 400 |
| TOTAL COSTS (\$SBD) | 21,200 |

Year 4

| | |
|-------------------------------|--------|
| Tuition | 12,000 |
| Practicum | 1,200 |
| Boarding | 7,100 |
| Library | 300 |
| Printing | 200 |
| Graduation | 300 |
| Uniform | 400 |
| TOTAL COSTS (\$SBD) | 21,500 |

Section 7: Medical Information

Accepted applicants will have their medical examination when they arrive on Atoifi Campus.

Do you have a chronic illness (eg. asthma, heart illness, TB) that you have had for years that requires specialised medical treatment? If you have, we would encourage you to have that illness treated before planning to enrol at ACON. Yes No

If you answered 'YES', please provide more information.

The statement below is to be completed, signed and stamped by a qualified medical doctor.

I hereby certify that I have examined the applicant and found him/her to be in good physical health with no communicable diseases including COVID-19.

| | | | |
|------------------|--|--------------------|--|
| Doctor's Name | | Doctor's Signature | |
| Name of Hospital | | Date | |
| Address | | Stamp | |
| Telephone | | Fax | |
| | | Email | |

Section 8: Important Information

1. Application must be submitted before October with a non-refundable processing fee of SBD\$20.00.
2. All fees must be paid into:
Account name: ATOIFI SCHOOL OF NURSING SCHOOL FEE ACCOUNT
- BANK SOUTH PACIFIC (BSP), Account Number: 4000231474
The receipt must be attached to the application form before submitting.
3. 75% of first semester fees is required to be paid by or during registration.
4. Your application will be rejected if documents show alterations and/or erasures of any kind, or falsifications.
5. Late applications will not be considered.

Section 9: Application Checklist

Check that you have completed all sections and provided all required/necessary documents. Place an X on each of the circles.

- Passport size ID photo
- Filled out all sections and attached copies of all receipts.
- Included all certified academic transcripts and certificates (diplomas or degrees). Copies of these documents must be certified by a Commissioner of Oaths, a senior civil servant or a school principal.
- 2x character references from your employer or previous school, and a church pastor. References are to be sent directly to the Admissions Officer from your referees. Refer to mailing address in Section 13.

Section 10: Declaration

I certify that the information I have supplied in this application is true and accurate to the best of my knowledge. I acknowledge that the university reserves the right to deny my admission if the information given is incorrect or incomplete, or if there are insufficient resources to offer the course/program for which I have applied. I understand that I can be dismissed if I have provided incorrect information.

I recognise that Atoifi College of Nursing is a Christian University structured on the principles of the Seventh-day Adventist Church. I accept the obligation to live in harmony with the principles of the SDA Church as I become part of the campus life.

I further agree not to engage in cult activities, using nor bringing onto campus any form of alcohol, cigarettes, betelnut, illegal substances, or pornographic materials. I accept that I will be required to leave the university should I break these regulations.

NAME OF APPLICANT _____

SIGNATURE OF APPLICANT _____

DATE _____

Section 11: Mailing Details

Please send completed applications to the following address:

The Head of Atoifi College of Nursing
East Kwaio, Malaita
P.O Box R145

Honiara

Telephone: 41100/41101

