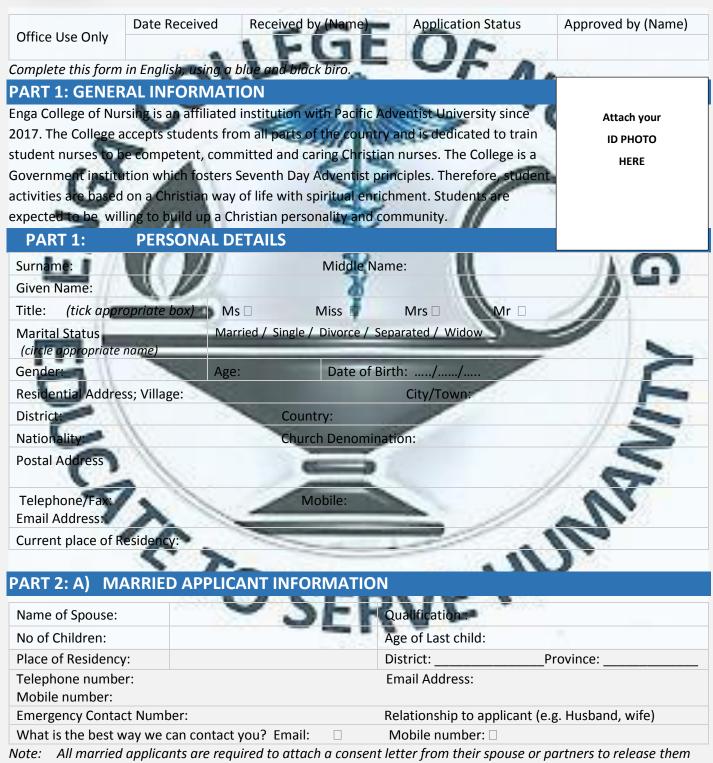


ENGA COLLEGE OF NURSING Affiliated with Pacific Adventist University

Enga Campus



Application for Non–School Leavers for Bachelor in General Nursing Training Program in 2023



for study.

PART 2: B) SINGLE APPLICANT INFORMATION

Name of Father/Guardian	Qualification :
Name of Mother/Guardian:	Qualification:
Place of Residency:	District:Province:
Telephone number:	Email Address:
Mobile number:	
Emergency Contact Number:	Relationship to applicant (e.g. Father, Mother)

Mobile number:

What is the best way we can contact you? Email:

PART 3: EDUCATIONAL BACKGROUND INFORMATION

	~()~	ava.	11/2
Level of Education	Year Completed	Institution	Award Obtained
Grade Ten		401	~~
Grade Twelve	A	83	A 10
College/University		×	
	ded or terminated from	m any Tertiary institution or Uni	versity? Yes 🛛 No 📿

Have you been suspended or terminated from any Tertiary institution or University? Yes State the institution and specify your reason for suspension or termination:

Matriculation Grading done through Matriculation centres are required for justification

Name of designated Matriculation centre:

Subject	Grading	Subject	Grading	
Language Literature	1:	Biology		
Language Literature	2:	Chemistry	22	
Numeracy I	1000	Physic	200	
Numeracy II		Applied Science		

PART 4: ACCOMMODATION STATEMENT

Note: It is our priority to accommodate students; however, we provide accommodation only to Full Time students Please tick appropriate box below to indicate your preferred mode of accommodation;

Day student:

Boarding Student:

PART 5 (a): FINANCIAL INFORMATION

- 1. How will you fund your COURSE?
 - a. SELF or PRIVATE (This means you or your parents /guardians will be paying the full course fee.
 - b. Employer/Corporate Sponsor fully funded:

PART 5 (b): EMPLOYER /CORPORATE SUPPORT

This section must be signed and stamped by an authorized person of the organisation. Are you willing to support your employee financially and sponsor him/her for Bachelor in nursing training?

Place your details below

Name of Organisation:	Employers email address:
Name:	Work Phone number:
Position:	Home Phone number:
Address:	Email address:

Signature of the authorized person:

PART 6: MEDICAL INFORMATION (DISABILITY OR SPECIAL NEEDS)

- a) Please indicate if you have a disability (may include; partial deafness, eye sight, speaking problem), or any chronic illness, or any allergies. (give a tick)
 Yes:
- b) If yes, then provide details or give more information:

PART 7: PURPOSE OF CHOOSING ENGA COLLEGE OF NURSING

a) Write your **REASON** for choosing to come to Enga College of Nursing, Sopas.

b) Write a short ESSAY about WHY YOU WANT TO BECOME A NURSE.
7x A
JERVE

PART 8: REFEREES INFORMATION

Write down two (2) referees and their current phone numbers.

Name: Name Address: Address Work /Home Phone Number Work /Work	
Work /Home Phone	
The second se	s:
Email Address:	Home Phone

PART 9: DECLARATION SECTION

I certify that this application is a true and complete disclosure of the information reques I. I have arranged to have the documents sent directly to the Principal's Office at the Enga College of Nursing. I understand that if my mailing address and contact numbers should change it is my responsibility to ensure the Office of the Principal or Admin Officer or Registrar has the up-to-date information.

I understand that I must submit the following documents by Thursday, 30th September, 2022 to the Enga College of Nursing, Administration Office.

- Bachelor of General Nursing Program Application
- Self-Appraisal form (CHWs only or those who are working already)
- Two letters of reference (each referee must submit a letter of Reference)
- It is my responsibility as the applicant to ensure that all references are received at the Enga College of Nursing Admin Office.
- Funderstand that all documentation must be received or postmarked by Friday30th Friday, 2022.

I declare that all information provided is true in all its particulars and I'll be responsible for any false information that may lead to my exclusion in the selection process. VEHUN

Signature:

Name of applicant:

PART 10: IMPORTANT INFORMATION

Note: Only students who apply directly to Enga College of Nursing will be considered for selection.

1. The application form will only considered if a bank receipt of K100.00 non-refundable fee is attached to this application.

Application Fee can be deposited into the Institution Account;

Account Name: **Enga School of Nursing**

Account number: 1013033079

Bank: Bank of South Pacific

Branch: Wabag

- Do not send cash with this application form Attach the copy of the deposit butt with the
- 2. CLOSING Date for Application is on Thursday, 30th of September, 2022. Any oplications will not be accepted.
- 3. Successful applicants will be notified in due course.
- 4. Ensure that all required documents are attached with the application to avoid any penalties.

PART 11: IMPORTANT INFORMATION

Checklist - Have I fill in all the information? Please put a tick to make sure you have completed the form and attached appropriate requirements.

- Have you attached your ID Photo?
- Have you attached your Deposit butt?
- Have you completed Part 1, 2?
- Have you completed PART 3, 4, 5, 6?
- Have you completed PART 7, 8, 9, 10?
- Have you attached the following documents?
- A photocopy of grade twelve
- photocopy of grade ten certificate
- Photocopies of your current TRANSCRIPT (matriculation results if you are upgrading)
- Two (2) character references, one from your Church Minister, Counsellor or Principal from previous School 111
- Spouse consent letter for married applicants.

b) Original documents will be sighted upon registration

PART 12: MAILING INFORMATION

Submit your completed Application to the Postal Address or email address below: The Admission Officer **Enga College of Nursing** P.O. Box 421 WABAG **Enga Province** Work Phone number: 79352144 Website: Email Address: engacon742@gmail.com

Note: a) Incomplete applications will be disqualified.