



The Salvation Army Chikankata College of Nursing and Midwifery



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Founder: William Booth
General: Brian Peddle
Territorial Commander:
Colonel Alfred Banda

Application fee: K200 (non-refundable)

Receipt No.

Date bought

Received by

Date

APPLICATION FORM FOR ENROLMENT INTO NURSING AND/OR MIDWIFERY PROGRAM

FOR OFFICIAL USE ONLY:

CANDIDATE APPLICATION NO: _____

PART A: APPLICANT'S PERSONAL AND CONTACT DETAILS

1. SURNAME: _____ OTHER NAMES: _____
2. NRC NO: _____/_____/_____ or PASSPORT NO. (for non Zambians) _____
3. NATIONALITY _____ 4. SEX _____ M-Male F-Female
5. MARITAL STATUS _____ M-Married U-Unmarried
6. RELIGIOUS DENOMINATION _____
7. POSTAL ADDRESS: _____

Note: provide usable postal addresses, which the institution can use for posting acceptance letter. The institution will not be held liable for wrong postal addresses

7. RESIDENTIAL ADDRESS _____

8. CONTACT NUMBER(S): _____ Email: _____

9. DATE OF BIRTH: Day _____ Month _____ Year _____

10. NAME AND ADDRESS OF PARENTS/GUARDIAN/NEXT OF KIN (Delete which is not applicable): _____

Contact Number(s): _____

11. HIGH SCHOOL ATTENDED AND YEAR OF COMPLETION _____

PART B: ACADEMIC DETAILS (GRADE TWELVE (12) RESULTS OR ITS EQUIVALENT)

S/NO.	SUBJECT	GRADE		S/NO.	SUBJECT	GRADE
1	ENGLISH			8	RELIGIOUS EDUCATION	
2	MATHEMATICS			9	AGRIC. SCIENCE	
3	BIOLOGY			10	NUTRITION	
4	SCIENCE			11	COMMERCE	
5	GEOGRAPHY			12	CHEMISTRY	
6	HISTORY			13	PHYSICS	
7	CIVIC EDUCATION			14	PRINCIPLES OF ACCOUNTS	

PART C-PROFESSIONAL QUALIFICATIONS (PRIOR LEARNING), IF APPLICABLE (COMPLETE TABLE STARTING WITH THE MOST RECENT QUALIFICATION OBTAINED)

_LEVEL	YEAR		NAME OF COLLEGE/ UNIVERSITY ATTENDED	QUALIFICATION OBTAINED	EXAMINING BODY
	FROM	TO			
COLLEGE OR UNIVERSITY					

Note: Attach documentary evidence of qualification obtained – certified photocopies of certificates and not originals

PART D: AWARDS RECEIVED (PRE-SERVICE CANDIDATES ONLY)

CATEGORY	TICK	YEAR AWARDED	INSTITUTION
Creativity & Innovation (e.g JETS, Geography Projects etc.)			
Leadership related (e.g Prefects, Head boy/girl, Scripture Union Leader etc.)			
Academic excellence (e.g Best in Mathematics, Biology etc.)			
Games (Football, Netball, basketball etc.)			
Others (e.g Scripture Union membership and other faith – based activities, dancing troops, choir, cadets, martial arts, performing arts etc)			
None			

Note: Attach documentary evidence of awards e.g certified copy of testimonial

PART E: PROGRAMS OF CHOICE IN ORDER OF PRIORITY (choose from the list below):

(1st choice)

(2nd choice)

(3rd choice)

LIST OF PRE-SERVICE PROGRAMS

1. Registered Nursing – Pre-service

LIST OF IN-SERVICE PROGRAMS – NOT ON OFFER

1. Registered Nurse Midwifery (RNM)

PART F: PRE-TRAINING EXPOSURE, IF APPLICABLE (COMPLETE TABLE)

CATEGORY	INSTITUTION/COMMUNITY	REMARKS
Professionally trained and qualified		
Community Health Assistant		
Red Cross, Psychosocial counseling, Peer Educator etc.		
Classified daily employee at health facility		
Community Health Work (e.g TBA, CHW, SMAG etc.)		
Others		
None		

Note: Attach documentary evidence of pre-training exposure e.g introductory letter, where possible

PART I - DECLARATION AND SIGNATURE

- I declare that the information I have supplied on this form is to the best of my knowledge complete and correct. I acknowledge that my application for enrolment is subject to acceptance by the institution.
- That all documents supplied with this application form are legal and not fraudulently obtained.
- I further acknowledge that in the event my application for enrolment as a student is accepted by the institution, I will be bound by the provisions of the relevant student statutes, rules and policies of the institution that are in force and lawful instructions from institutional authorities.
- That by signing this application form; I fully understand and agree with the above stipulations.

APPLICANT’S SIGNATURE:..... Date:/...../.....

ATTACHMENTS: please attach the following documents

1. Pre-service candidates

- a. Certified copy of grade 12 statement of results or certificate
- b. Certified copy of National Registration Card or passport (foreign students)
- c. Certified copy of professional qualification(s)
- d. Certified copy of Award(s)
- e. Photocopy of pre-training exposure(s)
- f. Photocopy of recommendation letter from faith based institution e.g church, if applicable
- g. Latest passport size photo

In-service candidates

- a. Certified copy of grade 12 statement of results or certificate
- b. Certified copy of National Registration Card or passport (foreign students)
- c. Certified copy of professional qualification(s)
- d. Certified copy of GNCZ Registration certificate
- e. Certified copy of valid GNCZ practicing certificate/license
- f. Photocopy of recommendation letter from referee e.g Employer
- g. Latest passport size photo

FOR OFFICIAL USE ONLY

DATE RECEIVED:/...../.....

RECEIPT NO:

NAME OF RECEIVING OFFICER:

SIGNATURE OF OFFICER: