



**MINISTRY OF HEALTH
MUKINGE MISSION HOSPITAL**

MUKINGE COLLEGE OF NURSING

P.O. Box 120092 – NORTH WESTERN PROVINCE - KASEMPA / ZAMBIA
Cell: 0968427488 or 0953176434 E-mail: mukingents53@yahoo.com / mukingents53@gmail.com
Web site: www.mukinge.com

**JULY 2019 ZAMBIA REGISTERED NURSING
APPLICATION FORM**

Please include the following when returning this form:

1. Certified copy of secondary school certificate(s) and NRC.
2. Bank deposit slip for the k150 (non-refundable) application fee.

When filling in the form, please write legibly and in Block Letters:

1. Family Name Middle Name Given Name

2. Present Postal Address

3. E-Mail Address Mobile No.

4. Marital Status Single Married Widow/Widower

5. Gender Male Female

6. Date of Birth Day Month Year

7. Zambian Applicant NRC

8. Foreign Applicant Passport No. Date of Issue Expiry Date

9. Religious Affiliation Christian Islam Hindu Other

10. Denomination (E.g. ECZ)

Please include the following when returning this form:

1. Do you have any physical handicaps? Yes No

2. If any explain

3. Name of the spouse and permanent contacts

How many children do you have?

What is the birth date of your youngest child?

Academic Qualifications

a. A-Level and / OR O-Level

	Name Of School	Year Attended	Qualification
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Professional Qualifications if any

b. College Certificates

Name of Institution	Year Attended	Qualification
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment Details if any

Please provide details of current and previous employment

	Name of Employer	Position Held	Period of Employment	Details
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Why do you want to study Nursing?

DETAILS OF PARENTS

1. MOTHER

NAMES IN FULL

TRIBE

OCCUPATION

NATIONALITY

RESIDENTIAL ADDRESS

Tel

Cell

E-mail

2. FATHER

NAMES IN FULL

TRIBE

OCCUPATION

NATIONALITY

RESIDENTIAL ADDRESS

Tel

Cell

E-mail

3. OTHER GAURDIAN

NAMES IN FULL

TRIBE

OCCUPATION

NATIONALITY

RESIDENTIAL ADDRESS

Tel

Cell

E-mail

ADDRESS TO WHICH ALL CORRESPONDENCE REGARDING YOUR APPLICATION IS TO BE SENT

OTHER PERSONAL DETAILS

VILLAGE

CHIEF

DISTRICT (Currently)

DISTRICT (Home)

Study Centre (Tick)

Main Campus (Full Time)

E-learning

Proposed Diploma Program of Study:

Indicate the choice of the field of study you want to undertake by writing 1, or 2 in the boxes against the course in order of preference.

Program	1	2
Diploma in General Nursing (registered)		
Diploma in General Nursing (E-learning)		

Sponsor

Details Name Relationship

Occupation

Postal Address

Email

Cell No. Tel No.

Statistical Information

Help us know how you got to know about Mukinge College of Nursing **(Circle the appropriate numbers)**

1	ZNBC TV adverts	5	College/Hospital Worker
2	College Facebook Page	6	Church promotions
3	Hospital website	7	Radio adverts
4	Newspaper adverts	8	Personal Recommendation

Recommended by Current Mukinge Nursing school student <i>(Please give recommender's details)</i>			
a	Full Names:	d	Student ID No.:
b	Gender:	e	Student Account No.:
c	Major:	f	Year of Study:

DECLARATION

TO THE BEST OF MY ABILITY, THE ABOVE INFORMATION IS ACCURATE. SHOULD THE GIVEN INFORMATION BE PROVED TO BE UNTRUE, MY APPLICATION WILL BE WITHDRAWN.

Signature

Date

NOTIFICATION OF ACCEPTANCE:

If accepted, you will be notified in writing: No student should come to the college until he/she receives formal notification of acceptance. The acceptance letter will be sent via email or post.

BANK INFORMATION

ACCOUNT NAME: MUKINGE COLLEGE OF NURSING
ACCOUNT NO. : 5671992500183
BANK NAME: ZANACO
BRANCH: SOLWEZI

Please return completed application forms with all necessary attachments to:

Main Campus

THE PRINCIPAL-
MUKINGE SCHOOLS OF NURSING
P.O. Box 120092
NORTH WESTERN PROVINCE
KASEMPA / ZAMBIA
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Other

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