



Republic of Zambia



## Ministry of Health

# MBERESHI COLLEGE OF NURSING AND MIDWIFERY

APPLICATION FORM

Application Fee: \_\_\_\_\_ (non -refundable) Receipt No .....

Date bought .....

Received by .....

Date.....

THE HEAD OF COLLEGE

MBERESHI COLLEGE OF NURSING AND MIDWIFERY

P.O BOX 750094

MWANSABOMBWE

MOBILE: 0974596940 or 0969571007

EMAIL ADDRESS: mbereshicollege@gmail.com

**APPLICATION FORM FOR ENROLMENT INTO NURSING AND/OR**

**MIDWIFERY PROGRAMME**

**FOR OFFICIAL USE ONLY:**

CANDIDATE'S APPLICATION NO: \_\_\_\_\_

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**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. 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 & YEAR OF COMPLETION

\_\_\_\_\_

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

SNO	SUBJECT	GRADE		SNO	SUBJECT	GRADE
1	ENGLISH			8	RELIGIOUS EDUCATION	
2	MATHEMTICS			9	AGRIC SCIENCE	
3	BIOLOGY			10	NUTRITION	
4	SCIENCE			11	COMMERCE	
5	GEOGRGHY			12	CHEMISTRY	
6	HISTORY			13	PHSYSICS	
7	CIVIC EDUCTION			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	QUALIFICATION OBTAINED	EXAMINING BODY
	FROM	TO			
COLLEGE OR UNIVERSITY					

**Note:** Attach documentary evidence of qualifications 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, Marshal arts, Performing arts etc.)			
None			

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

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

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



**PART F – 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

**FOR OFFICIAL USE ONLY**

DATE RECEIVED ...../...../.....  
RECEIPT NO: .....  
NAME OF RECEIVING OFFICER: .....  
SIGNATURE OF OFFICER: .....