



MINISTRY OF EDUCATION

APPLICATION FOR ADMISSION TO THE NURSING ASSISTANT TRAINING PROGRAMME – 2022

Complete Application in BLOCK LETTERS

1. Name: Surname Maiden Name First Name Other(s)

2. Home Address:

3. Mailing Address:

4. Telephone Number: Home Mobile Email address

5. Date of Birth: dd mth yr Age:

6. Sex: Male Female

7. Marital Status: Single Divorced Widow Common-Law Union Married Separated Widower

8. Nationality:

9. Identification Number: ID Card Passport Driver's Permit

10. Employed: Yes No If yes, state Place of Employment: Position:

If no, state Place of Previous Employment: Position:

11. Number of Children: Age Range:

12. Next of Kin: Relationship:

Telephone No: Email Address:

Residential Address:

13. Extra-Curricular Involvement:

14 (a). Education

Table with 4 columns: Institutions, Date of Entry and Leaving, Examinations Passed and Year, Certificates Obtained and Grades

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15. Names of two (2) referees:

| | |
|---------------------|---------------------|
| 1. Name:..... | 2. Name: |
| Address: | Address: |
| Occupation: | Occupation: |
| Telephone No:..... | Telephone No:..... |
| Email Address:..... | Email Address:..... |

16. Write a brief paragraph in your own handwriting outlining your reason(s) for applying for the Nursing Assistant Training Programme.

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17. A **COPY** of each of the following documents must be attached to this form. **DO NOT ATTACH ANY ORIGINAL DOCUMENTS.**

- Electronic Birth Certificate & Affidavit (if applicable)
- Marriage Certificate (if applicable)
- Academic Certificates
- Two (2) Testimonials (**not older than six (6) months**)
- Certificate of Good Character (**receipts will not be accepted**)
- Approval letter from the Regional Health Authority (if applicable)

Signature: Date:

OFFICIAL USE ONLY

Checked by: Reference Number:

Comments:

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