



NIGHTINGALE COLLEGE OF HEALTH

P. O. BOX AF 771, ADENTA-ACCRA.

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Website: www.nch.edu.gh

APPLICATION FORM

PERSONAL DATA



AFFIX YOUR
PASSPORT

SIZE PICTURE HERE

NCH NO.online

Surname.....First name.....

Middle Name.....Maiden Name.....

Sex: Male Female Date of Birth.....Age

Place of Birth..... (Religion).....

NationalityPhysical Disability.....

Marital Status: (single/married/divorced/widow)

MAILING ADDRESS

Postal Address.....

Residential Address

TELEmail

EMERGENCY CONTACT

Name.....

Address.....

TEL.....Email.....

NB : Please add two (2) white envelopes, two (2) passport size pictures, birth certificate and photocopy of result slip

Education and qualification (please indicate copies of relevant certificates)

Name of school/institution/college		Town/city	Date
Subjects	Grades	From	To
1.			
2.			
3.			
4.			
5.			
6.			

Total Aggregate:

PROGRAMMES OF STUDY (please indicate below)

	<u>PROGRAMMES</u>	<u>TICK</u>
1	REGISTERED GENERAL NURSING (DIPLOMA)	
2	REGISTERED MIDWIFERY (DIPLOMA)	
3	HEALTH CARE (CERTIFICATE)	

SPONSOR OR GUARDIAN

Title: Mr/Mrs/Ms/Miss/Rev	Tel :
Full name:	Email:
Relationship to applicant:	
Occupation:	Sign:

DECLARATION

I..... hereby certify that, the information provided herein is correct and understand that, any misleading data supplied on the form may result in my dismissal even after admission.

Signature of applicantDate.....

FOR OFFICE USE ONLY

Record of interview

Yes.....

NO.....

Condition.....Comments.....

Reference Interview's Name:.....

Signature:.....Date:.....