



NIGHTINGALE UNIVERSITY COLLEGE OF HEALTH (NUCH)

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Email: nightingalentc13@gmail.com, Website: www.nch.edu.gh

ADMISSION FORMS

NUCH NO.0911

AFFIX YOUR
PASSPORT

SIZE PICTURE HERE

1. APPLICANT'S PERSONAL INFORMATION

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

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

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

Place of Birth..... Religion.....

Nationality Physical Disability.....

Marital Status: Single Married

Postal Address..... Email

Residential Address TEL.....

EMERGENCY CONTACT

Name..... TEL.....

Address..... Email.....

2. PROGRAMME (please indicate below)

	<u>PROGRAMMES</u>	<u>TICK</u>
1	BSc. NURSING	<input type="checkbox"/>
2	REGISTERED GENERAL NURSING (DIPLOMA)	<input type="checkbox"/>
3	ACCESS COURSE (BSc. NURSING)	<input type="checkbox"/>
4	ACCESS COURSE RGN (DIPLOMA)	<input type="checkbox"/>

3. STUDY MODE / SESSION

REGULAR	EVENING	WEEKEND	SANDWICH
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Entry Qualification

WASSCE	SSSCE	A'LEVEL	Professional	Mature	Other) (specify
<input type="checkbox"/>					

5. APPLICANT'S ACADEMIC BACKGROUND

A. Senior High School Results

Name of school/institution/college	WASSCE GRADES	SSSCE GRADES	O'LEVELS GRADES	A'LEVELS GRADES	OTHER (SPECIFY)
CORE					
English Language					
Inter. Science					
Mathematics					
ELECTIVE SUBJECTS					
1.					
2.					
3.					

B. Higher Education / Professional Information

Institution	Professional Qualification	Year Obtained	GPA / Class	PIN

6. Post Qualification Work Experience (if applicable)

Name of Organisation	From	To	Position Held	Responsibility

7. BOND

Are you bonded? YES NO

If yes indicate name of Organisation to which you are bonded

8. SPONSOR OR GUARDIAN

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

9. DOCUMENT CHECKLIST

- Certified Academic Transcripts
- Certified Copies of Certificates
- WASSCE/SSSCE/ O'LEVELS/A'LEVELS Result slip,
- Passport- Size Photograph and Birth certificate

10.

DECLARATION

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

Signature of applicant Date

FOR OFFICE USE ONLY

Selected: Yes..... NO.....

Reasons, if not.

Signature: Date:

PLEASE NOTE

Applicants who meet the Entry Requirements will be shortlisted and contacted for an interview at a fee

You are required to be personally present at the interview with original copies of your certificates and other documents including:

- Educational Certificates
- Result Slip
- Transcripts
- Birth Certificate
- Other relevant documents