



Republic of Zambia
Ministry of Health

GENERAL NURSING COUNCIL OF ZAMBIA

YETA COLLEGE OF NURSING AND MIDWIFERY

**P.O. BOX 29,
SESHEKE.**

CELL PHONE NO. +260977256660/+260965256660

Application Fee: _____(non -refundable) Receipt No

Date bought

Received by

Date.....

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

FOR OFFICIAL USE ONLY:

CANDIDATE'S APPLICATION NO: _____

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	MATHEMATICS		9	AGRIC. SCIENCE	
3	BIOLOGY		10	NUTRITION	
4	SCIENCE		11	COMMERCE	
5	GEOGRAPHY		12	CHEMISTRY	
6	HISTORY		13	PHYSICS	
7	CIVIC EDUCATION		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 ATTENDED	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: PROGRAMME OFFERED

1. Registered Nursing (RN)

PART F: 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.		

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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

2. In-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 GNCZ Registration certificate
- e. Certified copy of valid GNCZ Practicing Certificate/Licence
- f. Photocopy of recommendation letter from referee e. g Employer
- g. Latest passport size photo

FOR OFFICIAL USE ONLY

DATE RECEIVED...../...../.....

RECEIPT NO:.....

NAME OF RECEIVIN OFFICER:.....

SIGNATURE OF OFFICER: