



TELEPHONE: (230) 210 70 31 FAX: (230) 210 06 87  
 Website: <http://www.apollobramwellnursingschool.com>

## Application for Admission to Diploma in General Nursing

**PLEASE COMPLETE IN BLOCK CAPITALS (BLACK INK) AFTER READING THE GUIDANCE NOTES ANNEXED**

**Closing date for receipt of completed applications is Tuesday 30 June 2009 at 4pm**

For Office Use Only

--	--	--	--	--	--	--

Application No.

### 1. PERSONAL DETAILS

<b>Surname</b>	<b>First names (in full -as per Birth Certificate)</b>		
<b>Title Mr/Mrs/Miss/Ms</b>	<b>Previous Surname(s)</b>		
<b>Date of Birth</b>	<b>Correspondence Address</b>		
<b>Place of Birth</b>			
<b>National Identity Number</b>			
<b>Civil/Marital Status</b>			
<b>Nationality</b>			
<b>Occupation and place of work</b>			
<b>Country of Domicile</b>	<b>Next of Kin</b>		
<b>Contact Telephone Numbers</b> Home:  Work:  Mobile:	<b>Name, Address and Telephone Number</b>		
<b>Please provide a current email address below:</b>			
<b>Do you have a disability? Yes/No</b> If yes, what is the nature of your disability:			
<b>Occupational Background</b> If you are in full-time education, please state the occupation of the highest earning family member of the household in which you live. If he or she is retired or unemployed, give their most recent occupation. If you are not in full-time education, please state just your own occupation.			
<b>Office Use Only</b>		<b>Decision and Conditions, if any (BLOCK CAPITALS)</b>	
<b>Ref.No.</b>	<b>Admissions</b>	<b>Decision</b>	<b>Initials &amp; Date</b>

## 2. EDUCATIONAL QUALIFICATIONS

Please give details of ALL School leaving/College/University examination results. PENDING QUALIFICATIONS MUST BE INCLUDED. Please ensure that all qualifications are listed in full. You must be able to produce valid certification for all qualifications listed below.					
Type of Examination (e.g. SC, HSC etc)	Date of Award	Subject	Level	Result/ Grade Obtained	Office use only
Pending Results (type of examination)	Date Results Due	Subject	Level	Predicted Grade	

## 3. PROFESSIONAL QUALIFICATIONS

Professional Qualification	Name of Educational Institution and/or Professional Body	Date of award

## 4. PREVIOUS RESEARCH/PUBLICATIONS/CONFERENCE PAPERS (please give details if appropriate).

Title	Name of Journal/Presentation Venue	Dates

### 5. EMPLOYMENT HISTORY

<b>EMPLOYMENT EXPERIENCE</b>				
<i>Please give details of posts held commencing with present post, including periods of unemployment. Please ensure that you cover all periods of employment and unemployment with no date gaps and specify exact dates.</i>				
Name and Address and Telephone Number of Employer <i>(Most recent first)</i>	Post Held and Brief Description	Dates of Employment		Reason for Leaving
		From	To	
If you are in employment, please state the minimum period of notice required by your employer:				

### 6. REFEREES (these must not be relatives, friends or neighbours)

**PLEASE ENSURE THAT COMPLETED REFERENCES ARE RETURNED BY CLOSING DATE.**

Please give names and addresses of two referees from whom references may be obtained. Your first referee may be your most recent employer. The second referee should be able to provide an academic reference eg College Teacher or University Lecturer if you have recently left College/University. Otherwise a professional person with whom you are acquainted (your referees must complete the attached reference forms - see Guidance Notes).

1. Name	Position	Tel No.
Address		
Capacity in which you are known to the referee		
2. Name	Position	Tel No
Address		
Capacity in which you are known to the referee		



## 8. DECLARATION AND SIGNATURE OF APPLICANT

I confirm that the information given on this form is true, complete and accurate. I have read and complied with the guidance notes for completing the application form and I accept that if the relevant information is inaccurate or omitted, the School reserves the right to reject my application.

If offered a place I understand that, in accepting, I agree to abide by the rules and regulations of the School and by signing this application form I confirm my agreement to this.

I authorise the School to approach Government Agencies, Educational Establishments, Former Employers and Referees for verification of application details and I consent to the School processing the information in this form for administrative purposes, including consideration of my application in accordance with the provisions of the Data Protection Legislation.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Documents Enclosed:

<input type="checkbox"/>	(a) Curriculum Vitae
<input type="checkbox"/>	(b) Copy of Birth Certificate
<input type="checkbox"/>	(c) Copy of Educational Certificates <i>HSC: A pass in 3 main subjects (any field) / SC: Minimum 5 Credits</i>
<input type="checkbox"/>	(d) Copy of Professional Qualifications (if any)
<input type="checkbox"/>	(e) Copy of National ID Card
<input type="checkbox"/>	(f) Certificate of Morality
<input type="checkbox"/>	(g) If SC Holder only, proof of at least 3 years work experience

**PLEASE CHECK YOUR APPLICATION CAREFULLY TO ENSURE THAT ALL SECTIONS HAVE BEEN COMPLETED, OTHERWISE YOUR APPLICATION MAY NOT BE CONSIDERED.**

YOU SHOULD RETURN THE COMPLETED APPLICATION FORM TO:

The General Manager  
Apollo Bramwell Nursing School  
c/o 1st Floor, Rabita Hall  
28 Pope Hennessy Street  
Port-Louis



TELEPHONE: (230) 210 70 31 FAX: (230) 210 06 87  
 Website: <http://www.apollobramwellnursingschool.com>

**PLEASE COMPLETE IN BLOCK CAPITALS (BLACK INK).**

<b>REFERENCE FORM</b>	<b>CONFIDENTIAL</b>
-----------------------	---------------------

<b>TO BE COMPLETED BY APPLICANT – Please see Guidance Notes.</b>	
--	--

<b>Applicant's Name</b>	
<b>Applicant's Correspondence Address</b>	

<b>TO BE COMPLETED BY REFEREE – Please see Guidance Notes.</b>	
--	--

<b>Referee's Name</b>	<b>Referee's Address</b>
<b>Referee's Telephone Number</b>	<b>Referee's Occupation and/or the capacity in which you know the applicant.</b>

<b>Reference</b>	
------------------	--

Do you know of any reason why this person would not be suitable to undertake this course YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes please give reasons. (continue on separate sheet if necessary)	
---	--

<b>HEALTH</b> Please state the <u>number of days absent</u> in the past 2 years.	
How many <u>periods of absence</u> due to illness has the applicant had in the past two years?	

<b>Signature of Referee:</b>	<b>Date:</b>
<b>Capacity in which you know the applicant:</b>	

## REFERENCE - GUIDANCE NOTES

### TO THE APPLICANT

- Please detach this section from your application form, which should be completed by the person named on the application form as your referee (Section 6), and who has agreed to provide a reference.
- Your referee must not be a relative, friend or neighbour.
- You should insert your name and correspondence address in full in the spaces provided.
- You should forward this part of the form to the referee for completion.
- You should then return the completed reference forms to Apollo Bramwell Nursing School together with the filled in Application Form.

### TO THE REFEREE

One of the most important factors in determining whether an applicant is subsequently offered a place is the confidential statement made by referees.

The reference you provide will be scrutinised at each stage of the application process. You are therefore asked to state your opinion of the applicant's qualities and fitness for admission to the programme. This should include their general health and attendance record over the past two years. This information is important in order for the School to ensure that applicants are sufficiently healthy to meet the demands of the programme. It is also important to outline any reason why you consider the applicant may not be suitable for this course.

**To ensure fairness to all applicants, you are asked to provide information on the topics in the list below.**

1. Communication/Interpersonal Skills
2. Initiative, Motivation/Commitment
3. Confidence
4. Potential to follow a personally and academically challenging education programme including predicted results or performance.
5. Reliability
6. Health and attendance record in the past two years of employment, College/University or in the capacity known to you.
7. Ability to use own initiative and work as part of a team.

It would be useful if you would please:

- check that the applicant has printed his/her name in the space provided on the form
- write your reference on the sheet provided using a black pen or type and in block capitals
- send us the original copy of your reference, signed and dated.
- Should you require additional information, please contact the Apollo Bramwell Nursing School Office.

Please return the reference to:

**The General Manager  
Apollo Bramwell Nursing School  
c/o 1st Floor, Rabita Hall  
28 Pope Hennessy Street  
Port-Louis**