



T: (230) 210 70 31 F: (230) 210 06 87
E: applications@apollobramwellnursingschool.com W: www.apollobramwellnursingschool.com

APPLICATION FOR ADMISSION TO DIPLOMA IN GENERAL NURSING

IMPORTANT NOTE: CLOSING DATE FOR RECEIPT OF COMPLETED APPLICATIONS IS 15 APRIL 2011

(PLEASE FILL IN THE FORM IN BLOCK LETTERS)

Section One Personal Details

Surname		First Name(s)	
Nationality	Age	DOB ____ DD ____ MM ____ YYYY	
Permanent Address			
National Identity Number:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
Occupation and Place of Work			
Contact Telephone Numbers:		Correspondence Address (if different from Permanent Address):	
Home:			
Work:			
Mobile:			
Current Email Address:			
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what is the nature of your disability:			

Section Two Documents Submitted

- Copy of Birth Certificate
- Copy of Educational Certificates (SC, HSC, Baccalaureate etc)
- Copy of Professional Qualifications (if any)
- Copy of National Identity Card
- Certificate of Morality
- If only SC holder, proof of at least 3 years' work experience

Section Three Professional Qualifications (If any)

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

Section Four Employment History (If any)

Name, Address and Tel No of Employer (most recent first)	Post Held and Brief Description	Dates of Employment		Reasons for leaving
		From	To	

Section Five Referees

PLEASE ENSURE THAT COMPLETED REFERENCE FORMS ARE RETURNED BY THE CLOSING DATE

Please give names and addresses of TWO referees from whom you will obtain references. Your first referee MAY be your most recent employer. The second referee should be able to provide an academic reference e.g College Teacher or University Lecturer if you have recently left College/University/ Otherwise a professional person with whom you are acquainted. You referees must complete and sign the attached forms.

Name of Referee 1

Capacity in which you are known to the referee

Name of Referee 2

Capacity in which you are known to the referee

Section Six Declaration and Signature of Applicant

I confirm that the information given in this form is true, complete and accurate. I accept that if the relevant information is inaccurate or omitted or falsified, Apollo Bramwell Nursing 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 Apollo Bramwell Nursing School and by signing this application, I confirm my agreement to this.

I authorize Apollo Bramwell Nursing School to approach Government Agencies, Educational Establishments, Former Employers and referees pertaining to my application form 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 local prevailing data protection legislation(s).

Signature* : _____

Date: _____

(*): Simple re-type your full name if you submit online

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

YOU SHOULD RETURN THE COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO:

**STUDENT APPLICATIONS
APOLLO BRAMWELL NURSING SCHOOL
1ST FLOOR, RABITA HALL
28, POPE HENESSY STREET
PORT-LOUIS**



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REFERENCE FORM - CONFIDENTIAL

PLEASE COMPLETE IN BLOCK LETTERS (two copies to be printed and given to your referees)

TO BE COMPLETED BY APPLICANT

Applicant's Name

Applicant's Correspondence Address

TO BE COMPLETED BY REFEREE

Referee's Name

Referee's Correspondence Address

Telephone Number

Referee's Occupation (current or at time of retirement)

Reference

Do you know of any reason why this person would not be suitable to undertake this course? Yes No

If yes, please give reasons (continue on a separate sheet if necessary)

Signature of Referee: _____

Capacity in which you know the applicant:

IMPORTANT NOTE TO THE REFEREE: IF YOU SUBMIT YOUR FORM TO THE APPLICANT, PLEASE MAKE SURE THAT IT IS IN A SEALED ENVELOPE AND SIGNED ACROSS THE SEAL. OTHERWISE POST TO: STUDENT APPLICATIONS, APOLLO BRAMWELL NURSING SCHOOL, 1ST FLOOR, RABITA HALL, 28 POPE HENNESSY STREET, PORT-LOUIS.