

DEFENCE SCHOOL OF HEALTH SCIENCES

Telephone: +260 211 240556 Telefax: +260 211 846057 E-mail: <u>admission@dshs.edu.zm</u> Plot 119, Kalanga Road Emmasdale P.O. Box 390022 LUSAKA-ZAMBIA

Application Fee: K200.00 (non -refundable)	Receipt No
	Date bought
	Received by
	Date
APPLICATION FORM FOR ENROLMENT FOR DI	PLOMA INTO: -
 □ ADVANCED DIPLOMA IN HIV Nurse PRAC □ DIPLOMA IN REGISTERED NURSING □ DIPLOMA IN CLINICAL MEDICINE □ DIPLOMA IN ENVIRONMENTAL HEALTH 	
Specify Programme applied for:	
FOR OFFICIAL USE ONLY:	
Candidate's application no.	
PART A: APPLICANT'S PERSONAL AND CONT	ACT DETAILS
	OTHER NAMES:
	T NO (for non-Zambians)
3. NATIONALITY: 4. SE	
3. NATIONALITY: 4. SE 5. MARITAL STATUS M-Married	
5. MARITAL STATUS M-Married 6. POSTAL ADDRESS:	d U-Unmarried
5. MARITAL STATUS M-Married 6. POSTAL ADDRESS: Note: Provide usable postal addresses, which the institu	d U-Unmarried
5. MARITAL STATUS M-Married 6. POSTAL ADDRESS: Note: Provide usable postal addresses, which the institution will not be held liable for wrong postal addresses	d U-Unmarried ution can use for posting acceptance letter. The institution
5. MARITAL STATUS M-Married 6. POSTAL ADDRESS: Note: Provide usable postal addresses, which the institution will not be held liable for wrong postal addresses 7. RESIDENTIAL ADDRESS:	d U-Unmarried ution can use for posting acceptance letter. The institution
5. MARITAL STATUS M-Married 6. POSTAL ADDRESS:	d U-Unmarried ution can use for posting acceptance letter. The institution Email:

11. HIGH SCHOOL ATTENDED & YEAR OF COMPLETION	

PART B: ACADEMIC DETAILS (GRADE 12) TWELVE RESULTS OR ITS EQUIVALENT)

12.

SNO	SUBJECT	GRADE	SNO	SUBJECT	GRADE
01.	ENGLISH		08.	RELIGIOUS EDUCATION	
02.	MATHEMATICS		09.	AGRIC. SCIENCE	
03.	BIOLOGY		10.	NUTRITION	
04.	SCIENCE		11.	COMMERCE	
05.	GEOGRAPHY		12.	CHEMISTRY	
06.	HISTORY		13.	PHYSICS	
07.	CIVIC EDUCATION		14.	PRINCIPLES OF ACCOUNTS	

PART C – PROFESSIONAL QUALIFICATIONS (PRIOR LEARNING), IF APPLICABLE (COMPLETE TABLE STARTING WITH THE MOST RECENT QUALIFICATION OBTAINED)

13

LEVEL	YEAR		NAME OF COLLEGE/	QUALIFICATION	EXAMINING BODY
COLLEGE	FROM	TO	UNIVERSITY	OBTAINED	
OR			ATTENDED		
UNIVERSITY					

PART D: CERTIFICATES RECEIVED

14.

CATEGORY	INSTITUTION/COMMUNITY	REMARK
Professionally trained and qualified.		
Community Health Assistant		
Red Cross, Psychosocial Counselling, Peer		
Educator etc.		
Classified daily employee at health facility		
Classified daily employee at health facility		
Community Health Work		
(E.g. TBA, CHW, SMAG etc.)		
Others		
Name		

NOTE: Attach documentary evidence of Pre-training exposure e.g. Introductory letter, where possible.

PART E: PHYSICAL OR COMMUNICATION DISABILITIES

15.	a.	Do y	ou have any physical or communication disabilities? (Tick where applicable).				
	Ŋ	es:	No:				
	b.	If ye	s, circle the disability applicable				
		i.	Vision				
		ii.	Mobility				
		iii.	Speech				
		iv.	Hearing				
		v.	Other (Give details)				
PART F	: PEF	RSON	AL STATEMENT				
16. benefit	Expla you (I	in why Please	y you are applying for this programme, what you hope to learn from it, and how it will write with own hand)				

17. PART G: – 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	[/] /	;
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ATTACHMENT: Please attach the following documents:

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.

<u>NOTE:</u> Minimum entry requirement is Five (5) Credits or better in Mathematics, English Language and any Science being compulsory, and any other two subjects.

PART	H: - BANK DETAILS
18.	Deposit a non-refundable application fee in the School account:
	 a. BANK NAME: ACCESS BANK b. ACCOUNT NAME: DEFENCE SCHOOL OF HEALTH SCIENCES c. ACCOUNT NUMBER: 0120110000067 d. BRANCH: GARDEN BRANCH
19.	Present the bank deposit slip and obtain a school accounts' receipt.
20.	Submit the completed application form with attached certified copies of requirements to the
school	•
APPLI	ICANT'S SIGNATUREDATE
21.	Completed Application Form should be addressed/returned to:-
Defens Plot 11 Emma	ox 390022
DAT	FOR OFFICIAL USE ONLY E RECEIVED://
	EIPT NO.

N.B. APPLICATION FORM MUST NOT BE PHOTOCOPIED.

NAME OF RECEIVING OFFICER:

SIGNATURE OF OFFICER: