



REPUBLIC OF ZAMBIA
MINISTRY OF DEFENCE

DEFENCE SCHOOL OF HEALTH SCIENCES

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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 DIPLOMA INTO: -

- ADVANCED DIPLOMA IN HIV Nurse PRACTITIONER
- DIPLOMA IN REGISTERED NURSING
- DIPLOMA IN CLINICAL MEDICINE
- DIPLOMA IN ENVIRONMENTAL HEALTH TECHNOLOGY

Specify Programme applied for: _____

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)

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

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		
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 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.

APPLICANT'S SIGNATURE.....DATE.....

21. **Completed Application Form should be addressed/returned to:-**

The Commandant
Defense School of Health Sciences
Plot 119, Kalanga Road
Emmasdale
P.O. Box 390022
LUSAKA

FOR OFFICIAL USE ONLY
DATE RECEIVED://
RECEIPT NO.
NAME OF RECEIVING OFFICER:
SIGNATURE OF OFFICER:

N.B. APPLICATION FORM MUST NOT BE PHOTOCOPIED.