



Saint John of God College of Health Sciences

P.O. Box 744, Mzuzu, Malawi

Tel: (265) 1 311 495/690 Fax: (265) 1 311 213

E-mail: collegehs@sjog.mw

Web: www.sjog.mw

APPLICATION FORM

COURSE APPLYING FOR:

Ref No

- University Diploma in Registered Nursing (UDC 21)
- Bachelor of Science in Mental Health –Psychiatric Nursing (MHPN 21)
- Bachelor of Science in Clinical (Mental Health) CMMH 21)

READ THE APPLICATION INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPLETE ALL APPROPRIATE SECTIONS IN CAPITAL/BLOCK LETTERS AND RETURN YOUR FORM AND OTHER SUPPORTING DOCUMENTS TO:

The Principal

St. John of God College of Health Sciences

P.O. Box 744

Mzuzu - MALAWI

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2
PASSPORT
SIZE
PICTURES

1. PERSONAL DETAILS

Name:

Mr/Mrs/Miss/Sr/Br

Surname First Names

Other Details:

Date of Birth: _____ Gender: Male Female

Marital Status: _____

Citizenship _____ Passport No/ID No _____

If Non Malawian provide a photocopy of passport together with registration form.

Permanent Address: _____

Cell phone Number: _____

Contact Address (if different from above)

Fax: _____ Cell: _____

E- mail: _____

Indicate if this is your first application

Yes	
No	

If No, indicate why you were left during the first time.

2. NEXT OF KIN OR GUARDIAN

Name: _____ Relationship to Applicant: _____

Address: _____

Fax: _____ Tel: _____

E-mail: _____

3. EDUCATION HISTORY

(a) MSCE SCORE / GRADES OBTAINED

MSCE SUBJECTS	SCORES/GRADES
ENGLISH	
MATHEMATICS	
BIOLOGY	
PHYSICAL SCIENCE	
HOME ECONOMICS	
SOCIAL STUDIES	
BIBLE KNOWLEDGE	
HISTORY	
AGRICULTURE	
GEOGRAPHY	
OTHER (SPECIFY.....)	

(b) PLEASE LIST ALL SECONDARY AND POST- SECONDARY INSTITUTIONS ATTENDED IN THE FOLLOWING SECTION, ATTACH AN EXTRA PAGE IF NECESSARY.

Name of School or College	Year of Attendance	Name of Certificate/Diploma/Degree

4. SPONSORSHIP

How will your study be sponsored? Self- Sponsored Have a Sponsor (Give details below)

Name of Sponsor: _____

Contact Address: _____

Tel: _____ E-mail: _____

5. **REFEREES:** Give three traceable referees - **one** should be preferably from your Employer if working in public or private sector.

Name of Referee	Contact Address/Phone Number and E-mail

6 APPLICATION CHECKLIST

Please be sure to enclose the following items. Tick in the applicant box if enclosed.	For applicant	For official use only
1. Certified copies of all secondary or post secondary Certificates/Diplomas/Degree. International students should arrange with their previous college(s) for academic transcript(s).		
2. Certified copy of registration certificate with regulatory body of your country (Nurses and Medical Council if applicable).		
3. Three letters of recommendation (from current or former employer).		
4. Medical check up report (current).		
5. Two passport sized photographs. (Write your names on reverse side)		
6. A photocopy of passport in cases of international students.		
7. An official letter from sponsor (if applicable).		
9. Those employed by the Government should come with a letter of approval to pursue the course.		
10. Completed and signed application form.		

I hereby certify that the information given in this application form is correct and complete to the best of my knowledge, and hereby give my permission to the admissions committee to obtain any verification deemed necessary to process my application. I also certify that all attached documents become the property of the College and shall not be returned to me.

Signature: _____ Date: _____

NOTE: Those who qualify will be short listed and be called for an interview.
International students will be required to send more detailed information for the recruitment panel to scrutinize.

8. FOR OFFICIAL USE ONLY

Accepted <input type="checkbox"/> Not accepted <input type="checkbox"/>
If not accepted (Reasons)
Student number: _____
Signature of Registrar: _____ Date: _____