



MUKUBA UNIVERSITY
INSTITUTE OF BIOMEDICAL AND HEALTH SCIENCES
OFFICE OF REGISTRAR

Email: registrar@mukuba.edu.zm

All correspondence to be addressed to the Registrar

APPLICATION FORM FOR ENROLMENT INTO REGISTERED NURSING PROGRAMME

Candidate's Application No _____ Receipt No _____

Application Fee: _____ (Non -refundable) Date bought _____

PART A: APPLICANT'S PERSONAL AND CONTACT DETAILS

1. SURNAME: _____ OTHER NAMES: _____

2. NRC No: _____ / ____ / ____ or PASSPORT NO (for non-Zambians) _____

3. NATIONALITY: _____

4. DATE OF BIRTH: Day ____ Month _____ Year _____

5. AGE (attained at last birthday): _____

6. SEX _____ M-Male F-Female

7. MARITAL STATUS _____ M-Married U-Unmarried

8. 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

9. RESIDENTIAL ADDRESS: _____

10. CONTACT NUMBER(S): _____ Email: _____

11. NAME AND ADDRESS OF PARENTS/GUARDIAN/NEXT OF KIN (Delete which is not applicable): _____

Contact Number(s): _____

12. HIGH SCHOOL ATTENDED & YEAR OF COMPLETION _____

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

SNO	SUBJECT	GRADE	SNO	SUBJECT	GRADE
1.	ENGLISH		13.	COMMERCE	
2.	MATHEMATICS		14.	PRINCIPLES OF ACCOUNTS	
3.	BIOLOGY		15.	LITERATURE IN ENGLISH	
4.	SCIENCE		16.	ADDITIONAL MATHEMATICS	
5.	CHEMISTRY		17.	RELIGIOUS EDUCATION	
6.	PHYSICS		18.	DESIGN AND TECHNOLOGY	
7.	AGRIC. SCIENCE		19.	METAL WORK	
8.	GEOGRAPHY		20.	WOOD WORK	
9.	HISTORY		21.	ART	
10.	CIVIC EDUCATION		22.	NUTRITION	
11.	HOME ECONOMICS		23.	Others	
12.	FOOD AND NUTRITION		24.	Others	

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

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

Note: Attach documentary evidence of qualifications obtained- certified photocopies of certificates and not originals

PART D: AWARDS RECEIVED (PRE-SERVICE CANDIDATES ONLY)

CATEGORY	TICK	YEAR AWARDED	INSTITUTION
Creativity & innovation (E. g JETS, Geography Projects etc.)			
Leadership related (E. g Prefects, Head boy/girl, Scripture Union Leader etc.)			
Academic excellence (E. g Best in Mathematics, biology etc.)			
Games (Football, netball, basketball etc.)			
Others (E. g Scripture Union membership and other faithbased activities, dancing troops, Choir, Cadets, Marshal arts, Performing arts etc.)			
None			

Note: Attach documentary evidence of awards e. g certified copy of Testimonial

PART E: PRE-TRAINING EXPOSURE, IF APPLICABLE (COMPLETE TABLE)

CATEGORY	INSTITUTION / COMMUNITY	REMARKS
Professionally trained and qualified		
Community Health Assistant		
Red Cross, Psychosocial Counseling, Peer Educator etc.		
Classified daily employee at health facility		
Community Health Work (E. g TBA, CHW, SMAG etc.)		
Others		
None		

Note: Attach documentary evidence of Pre-training exposure e. g. introductory letter where possible

PART F: PHYSICAL OR COMMUNICATION DISABILITIES

1. Do you have any physical or communication disabilities? (Tick where applicable)

YES

NO

2. If yes, circle the disability applicable:

- a. Vision
- b. Mobility
- c. Speech
- d. Hearing
- e. Other (Give details): _____

Explain extent of disability _____

PART G: PERSONAL STATEMENT

Explain why you are applying for this programme, what you hope to learn from it, and how it will benefit you (Please write with own hand)

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PART I – 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:/...../.....

_ ATTACHMENTS: Please attach the following documents:

1. Pre-Service Candidates

- a. 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 supporting documents for Pre-training exposure(s)
- f. Photocopy of recommendation letter from Faith-based institution e. g Church, if applicable
- g. Latest passport size photo (clear, visible and with no hair extensions)

FOR OFFICIAL USE ONLY

DATE RECEIVED/...../.....

RECEIPT NO:

NAME OF RECEIVING OFFICER:

SIGNATURE OF OFFICER:

BANK DETAILS FOR APPLICANTS:

Name of Bank: Investrust Bank ACCOUNT No. 0810356598035

For more information, visit www.mukuba.edu.zm