



**DIPLOMA IN MIDWIFERY PROGRAMME
APPLICATION FORM**

Address:

Private bag
Moriya 190
Lesotho

Contacts

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**DEADLINE FOR SUBMISSION OF FILLED IN APPLICATION FORMS:
09th MAY 2024 AT 16:00**

Note: Please fill in the application form in block letters

Application for Admission to Study in 2024

IMPORTANT: Read carefully before completing this form. This application will not be processed unless accompanied by the required documents and be signed.

Whenever applicable, use “X” to mark the relevant block.

Non-refundable Application fee: Local applicants: **M250.00** International applicants: **M350.00** payable at the bank. Banking details are as follows: **PLEASE NOTE THAT THE APPLICATION FEE IS INCLUSIVE OF BANK CHARGES.**

**BANK: STANDARD LESOTHO BANK
BRANCH: TOWER BRANCH
ACCOUNT NUMBER: 9080000166444
ACCOUNT TYPE: CURRENT ACCOUNT
ACCOUNT NAME: SCOTT COLLEGE OF NURSING**

FOR OFFICE USE ONLY	
Application	No.
Date	submitted:
_____	_____

Note: Please note your application number given during submission of the application.

SECTION 1: PREVIOUS APPLICATION

Have you ever been a registered student at Scott College of Nursing?

If yes, state the year and student number:

Year: _____ Student No.: _____

SECTION 2: PERSONAL DETAILS

Surname: _____

Names: _____

Maiden name: _____

Date of Birth: _____

Gender: _____

Title (Mr., Mrs., Miss, Ms., other): _____

Citizenship: _____

Home Language: _____

Country of Permanent Residence: _____

ID Number: _____

Religion: _____

Denomination: _____

Correspondence address:

Contact Numbers: _____

Marital Status:

Married	
Single	
Widowed	
Divorced	
Separated	

Number of children, if any: _____

Present Activity:

Student	
Employed	
Other (specify) _____	

If employed state, the position:

SECTION 3: HEALTH STATUS

Fair	
Good	

Do you have any chronic illness (es)? _____

Give details (if yes)

State food that you are allergic to:

SECTION 4: HIGH SCHOOL EXAMINATION DETAILS

Examination:

COSC	
LGCSE	
IGCSE	
Other	

If other, specify: _____

Details of School where you completed your final year of high School

Name:	
Town:	
Country:	
Year of completion:	

SECTION 5: DETAILS OF ACADEMIC QUALIFICATIONS

QUALIFICATION	INSTITUTION	YEAR OF COMPLETION
1.		
2.		
3.		
4.		

SECTION 6: ADDITIONAL INFORMATION

Next of kin:

Surname: _____

Names: _____

Title (Mr., Mrs., Miss, Ms., others): _____

Residential address:

Occupation: _____

Work Tel. No.: _____

Home Tel. No.: _____

Cell No with dialing code.: _____

Relationship: Tick the relevant next of kin

Father	
Mother	
Guardian	
Spouse	
Other (specify)	

SECTION 7: SPONSORSHIP

NMDS	
Self-sponsor	

SECTION 8: ENTRY REQUIREMENTS

8.1 Must have passed Diploma in Nursing

SECTION 9: SUPPORTING DOCUMENTS TO BE SUBMITTED

1. Filled and signed application form
2. Certified copies of educational certificates and transcripts (**only from external applicants**)
3. Certified copy of ID (**only from external applicants**)
4. Application fee deposit slip
5. Two reference letters (one from your previous school or previous / current employer and the other from your church) [**only from external applicants**]

Declaration and Undertaking

I, _____ the undersigned applicant, declare that the information provided above is true and accurate to the best of my knowledge and agree to abide by Scott College of Nursing rules and regulations, to pay in full all fees and other charges due and payable in terms of the relevant applicable annual scheduled fees if admitted to study.

Date

Signature of Applicant

NOTE: Filling in this application form does not guarantee admission