

# **McCord Hospital School of Nursing**

## **Decentralised Diploma in Clinical, Nursing Science, Health Assessment, Diagnosis, Treatment and Care, Course**

### **Application Form**

#### **1. Personal Particulars**

SURNAME:.....

FIRST NAMES:.....

ID NUMBER:.....

PHYSICAL ADDRESS:.....

.....

.....CODE:.....

POSTAL ADDRESS:.....

.....CODE:.....

CONTACT NUMBERS:

HOME:.....WORK:.....

CELLPHONE:.....

#### **2. PHC Modules Already Done**

**PLEASE INDICATE BELOW THE MODULES THAT YOU HAVE DONE**

<b>MODULES</b>	<b>YES</b>	<b>NO</b>
CHILD HEALTH CARE		
ADULT HEALTH CARE		
PHARMACOLOGY		
TRAUMA AND EMERGENCY		
COMMUNITY HEALTH NURSING		
NURSING DYNAMICS		

**CENTRES WHERE MODULES WERE DONE:**

.....

.....

**3. GENERAL INFORMATION**

Is your employer aware of your intentions to study?

YES	
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NO	
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If “yes”, request employer to sign below:

.....  
Employer’s Signature

.....  
Date

Official stamp:

Date:.....

**DECLARATION**

I declare that the above particulars are complete and correct.

.....  
Applicant’s signature

.....  
Date