

McCORD HOSPITAL SCHOOL OF NURSING

ENROLMENT FORM FOR ENROLLED NURSE COURSE (2 YEARS) - (CENTRALISED)

PERSONAL PARTICULARS

Title (Mr/Mrs/Miss):.....Initials:......Surname:.....
 First Name(s):.....
 Identity Number:.....Contact Number (*home*):.....
 Cellphone:.....Residential Address (Physical):.....
Code.....
 Postal Address:.....Code.....
 Religion (For cultural preferences):.....
 Name of Last School Attended:.....
 Highest Standard Passed:.....

SUBJECTS AND SYMBOLS			OFFICE USE

NB: This application form should be returned with clear certified copies of: **Identity Document, Matric Certificate and Marriage Certificate (if applicable)**

TUITION FEES

- Fees are subject to inflation - phone our office 031-268 5720 for further information.

- Tuition fees are deposited into this account:

Bank: Standard Bank
Name of Account: McCord Hospital Special Projects
Musgrave Branch Code: 042626
Account Number: 051254379

Signature:.....Date:.....

PARTICULARS FOR THE PERSON(S) RESPONSIBLE FOR FEES

Title (Mr/Mrs/Miss):.....Initials:.....Surname:.....

First Name(s):.....

Identity Number:.....

Contact Number(*work*):.....Extension.....

Contact Number (*home*):.....Cellphone:.....

Residential Address (Physical):.....

.....Code.....

Postal Address:.....Code.....

Relationship:.....

Employer:.....Occupation:.....

Work Address:.....

.....Code.....

Department:.....

Signature:.....Date:.....