

# Application Pack For Admission



Sharing Peace & Excellence

**ST KAROL**  
SCHOOL OF NURSING

Registration Number:.....

## 1. Personal details

Title _____	Residential Address _____
Surname _____	_____
Forename _____	Postal Address _____
Previous Name _____	Telephone _____
Place of Birth _____	Email _____
Date Of Birth _____	<i>Preferred mode of communication. Please tick one</i>
Gender _____	<input type="checkbox"/> Post <input type="checkbox"/> Email <input type="checkbox"/> Text
Marital Status _____	Health conditions requiring special privileges?
Nationality _____	_____

## 2. Sponsorship details

**Guardian / Person who will pay your school fees?**

Title _____	Work Address _____
Surname _____	_____
Forename _____	Postal Address _____
Relationship to student _____	Work Telephone _____
Residential Address _____	Mobile _____
_____	Email _____

**If on scholarship or sponsored by an organization**

Name of person/organization	Type of sponsorship	Total package	Duration

### 3. Professional and academic qualifications

Name and address of educational establishment	Type of programme	Qualifications gained	Dates

### 4. Employment details

Employer _____	Grade _____
Dept/Ward _____	Work Address _____
Dept/Ward _____	_____
Speciality/ Area of practice _____	Postal Address _____
Current Job Title _____	Work Telephone _____

Name and address of employer	Post held	Dates	Full/Part time

### 5. Programme of study

Please tick your choice  Full Time  Evening  Weekend

### 6. Personal Statement


### 7. Parents' details

Father	Mother
Title _____	Title _____
Surname _____	Surname _____
Forename _____	Forename _____
Residential Address _____	Residential Address _____
_____	_____
Work Address _____	Work Address _____
_____	_____
Postal Address _____	Postal Address _____
Work Telephone _____	Work Telephone _____
Mobile _____	Mobile _____

## 8. Next of kin

Title _____	Work Address _____
Surname _____	_____
Forename _____	Postal Address _____
Residential Address _____	Work Telephone _____
_____	Mobile _____

## 9. Who to contact in case of emergency

Title _____	Work Address _____
Surname _____	_____
Forename _____	Postal Address _____
Residential Address _____	Work Telephone _____
_____	Mobile _____

## 10. Declaration

I confirm that the information given on this form is true, complete and no information requested or material information has been omitted.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

The information given on this form will be entered onto a computer and will be treated in a secure and confidential manner.

**We require two references one of which must be your immediate past head teacher (school leavers) or your head of department (workers).**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### Notes

**\* Please return your completed application pack with photocopies of your educational and birth certificate(s), two passport pictures and any relevant documents to:**

The Academic Office,  
**St. Karol School Of Nursing,**

P. O. Box AN 15903, Accra - North, Accra, Ghana.

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