

3. Sex: Male Female
Marital Status: Married Unmarried Divorced Separated Widow

Date of Birth:

Nationality:

National Registration Card No. / /

OR

Passport No. for none Zambians:

- Residential Address:
.....
.....
- Last Secondary /Institution Attended (Give dates)
.....
- Name, Address and Telephone Number(s) of next of kin
.....
.....
- Your Telephone Number(s) if any: Business Telephone:
..... Residential Telephone: Mobile /Cellular Phone:
..... Email Address
(if any).....

Are you currently engaged in any studies? Yes No

If yes, state the nature and type of studies and qualifications sought, including examining body.
.....
.....

4. Do you have any physical or communication disabilities? Circle the number applicable.

- a. 1. Vision
2. Mobility
3. Speech
4. Hearing
5. Others

b. If you have any disability, give details

.....
.....

5. DETAILS OF QUALIFICATION

Name of school/college last attended	Course	Grade

Enclose certified copy (ies) of statement(s) of results and certificates, application forms which are not accompanied with copies of statements of results will not be processed.

6. FILL THIS PART IF YOU ARE PRESENTLY EMPLOYED

- a) Type of Employment or Job:
- b) Name of Employer:
- c) Address of Employer:
- d) Period of Service:
- e) e. TS/Employee’s Reference No:

7. STUDENT QUESTIONNAIRE

Tick your answer

- a. How did you hear about our nursing program? () Friend () Newspaper ()TV ()Other
For other; specify.....
- b. What made you choose Eden Institute?
- c. Where you fully informed about the nursing program by a school representative?
- d. Are you aware of the course fee structure and installment plan?

8. DECLARATION

..... Do hereby declare that the information given above is true.

Applicant signature: Date:

School witness: Date:

Official Use Only
SCHOOL OF HEALTH SCIENCES' RECOMMENDATION
Accept /Reject and Reasons for Rejection

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PLEASE SEND YOUR DULY COMPLETED APPLICATION FORM TO:
THE PRINCIPAL, EDEN INSTITUTE (DEPARTMENT OF HEALTH SCIENCES')
Box 37727, BARLASTONE LUSAKA