

Receipt No.	_
Form Issued by:	
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K80.00

EDEN INSTITUTE

P.O BOX 37727 LUSAKA

TEL: 260-211-213535/0965166319/0975564747/0966637371

Email: edenprincipal@yahoo.co.uk

APPLICATION FOR ADMISSION TO A DIPLOMA IN REGISTERED NURSING:

ACADEMIC YEAR 2014				
FFICIAL USE ONLY				
UDENT NUMBER				
1. FULL NAMES (Surname, First Name and Middle Name) (each letter to be in a	box)			
2. POSTAL BOX (each letter or figure to be in a box)				

Note: The application form costs K 80.00, the interview fee is K120.00 total cost coming to K200.00. All application forms obtained from our website should be paid for in the Institutional A/C number:

0014932720004 Finance Bank Corporate Branch.

Principals' Comment:

	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:
	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
I	f you have any disability, give details

5. DETAILS OF QUALIFICATION

	Name of school/college last attended	Course	Grade						
l									
	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.	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) e. TS/Employee's Reference No:								
7.	STUDENT QUESTIONNARE								
	Tick your answer								
a	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 nu	rsing program by a school representa	ttive?						
d	. Are you aware of the course fee structu	re and installment plan?							
8.	8. DECLARATION								
	_								
••••	D	o 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

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