







SCHOOL FOR ENROLLED NURSES & MIDWIVES

Nurses Education Centre, Bansang, Central River Region

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APPLICATION FORM FOR SECOND LEVEL (ENROLLED) NURSE TRAINING

COMPLETE THE FORM IN BLOCK LETTERS									
INDEX NUMBER:	РНОТО								
SURNAME:	FIIOIO								
NAME:									
ADDRESS:									
DATE BIRTH:	•••••	AC	βΕ:	••••••	SEX:				
NATIONALITY:MARITAL STATUS:									
HOME PHONE:MOBILE:									
EDUCATION BACKGROUND									
(SPECIFY SCHOOLS ATTENDED IN THE COLUMNS BELOW)									
SCHOOL ATTENDED	DATE FROM/TO		CLASS REACHED		EXAMINATION PASS	S SUBJECT PASSED WITH GRADES			
WORK EXPERIENCE (LIST IN CHOROLOGICAL ORDER)									
ESTABLISHMENT (DEPT.,COMPANY, ETC)		POST HELD		PERIOD TO		REASONS FOR LEAVING			
1. STATE BRIEFLY WHY YOU WANT TO BE TRAINED AS AN ENROLLED NURSE									
2. IS THIS YOUR FIRST APPLICATION? YES/NO									
IF NO, WHEN DID YOU PREVIOUSLY APPLIED?									

3. ARE YOU PHYSICALLY FIT AND SOUND? YES/NO IF NO, WHICH HEALTH PROBLEM(S) DO YOU EXPERIENCE?									
4. LANGUAGES: SPECIFY WHIC (INDICATE LEVEL WITH A LE E = EXCELLENT	TTER) G = GOOD	F = F/	AIR						
LANGUAGE YOU SPEAK	LANGUAGE YOU UN	DERSTAND	LANGUAGE YOU WRITE						
5. NAME OF ANYBODY WHO IS PREPARED TO TAKE FULL RESPONSIBILITY FOR MATTERS RELATING TO YOUR WELFARE									
NAME:									
RELATIONSHIP:									
ADDRESS:									
HOME PHONE:MOBILE:									
NAME AND ADDRESS OF TWO REFEREES (NOT RELATIVES OR FRIENDS) WHO CAN VOUCH TO YOUR WELFARE I. NAME:ADDRESS:ADDRESS:									
I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE									
I HAVE NO OBJECTION TO MY FORMER EMPLOYER BEING CONTACTED FOR REFERENCES									
SIGNATURE OF APPLICANT									
NOTE: FILL THE APPLICATION FORM IN BLOCK LETTERS AND PLEASE ATTACH THE FOLLOWING; a) TWO (2) RECENT PASSPORT SIZE PHOTOGRAPHS b) A PHOTOCOPY OF YOUR BIRTH CERTIFICATE, SCHOOL LEAVING CERTIFICATE(S), TRANSCRIPT(S) AND / TESTIMONIAL(S)									

c) RECOMMENDATION LETTERS, APPOINTMENT LETTERS AND CONFIRMATION LETTER

d) REMEMBER THAT ALL SORT LISTED CANDIDATES MUST BRING A CHECKER CARD FOR

VERIFICATION OF THEIR RESULTS ON THE DAY OF THE INTERVIEW

and