



REPUBLIC OF ZAMBIA
MINISTRY OF DEFENCE

DEFENCE SCHOOL OF HEALTH SCIENCES

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Plot 119, Kalanga Road

Emmasdale

P.O. Box 390022

Zambia

Application Fee: _____ (non -refundable)

Receipt No

Date bought

Received by

Date.....

APPLICATION FORM FOR DIPLOMA IN REGISTERED NURSING PROGRAMME

FOR OFFICIAL USE ONLY:

CANDIDATE'S APPLICATION NO: _____

PART A: APPLICANT'S PERSONAL AND CONTACT DETAILS

1. SURNAME: _____ OTHER NAMES: _____

2. NRC No: _____ / _____ / _____ or PASSPORT NO (for non-Zambians) _____

3. NATIONALITY: _____ 4. SEX _____ M-Male F -Female

5. MARITAL STATUS _____ M-Married U-Unmarried

6. POSTAL ADDRESS: _____

Note: Provide usable postal addresses, which the institution can use for posting acceptance letter. The institution will not be held liable for wrong postal addresses.

7. RESIDENTIAL ADDRESS: _____

8. CONTACT NUMBER(S): _____ Email: _____

9. DATE OF BIRTH: Day _____ Month _____ Year _____

10. NAME AND ADDRESS OF PARENTS/GUARDIAN/NEXT OF KIN (Delete which is not applicable):

Contact Number(s): _____

11. HIGH SCHOOL ATTENDED & YEAR OF COMPLETION _____

PART B: ACADEMIC DETAILS: GRADE TWELVE (12) RESULTS OR ITS EQUIVALENCY)

SNO	SUBJECT	GRADE	SNO	SUBJECT	GRADE
01.	ENGLISH		08.	RELIGIOUS EDUCATION	
02.	MATHEMATICS		09.	AGRIC. SCIENCE	
03.	BIOLOGY		10.	NUTRITION	
04.	SCIENCE		11.	COMMERCE	
05.	GEOGRAPHY		12.	CHEMISTRY	
06.	HISTORY		13.	PHYSICS	
07.	CIVIC EDUCATION		14.	PRINCIPLES OF ACCOUNTS	

**PART C – PROFESSIONAL QUALIFICATIONS (PRIOR LEARNING), IF APPLICABLE
(COMPLETE TABLE STARTING WITH THE MOST RECENT QUALIFICATION OBTAINED)**

LEVEL COLLEGE OR UNIVERSITY	YEAR		NAME OF COLLEGE/ UNIVERSITY ATTENDED	QUALIFICATION OBTAINED	EXAMINING BODY
	FROM	TO			

Note: Attach documentary evidence of qualifications obtained- certified photocopies of certificates and not originals.

PART D: AWARDS RECEIVED (PRE-SERVICE CANDIDATES ONLY)

CATEGORY	TICK	YEAR AWARDED	INSTITUTION
Creativity & innovation (E. g JETS, Geography Projects etc.)			
Leadership related (E. g Prefects, Head boy/girl, Scripture Union Leader etc.)			
Academic excellence (E. g Best in Mathematics, biology etc.)			
Games (Football, netball, Basketball etc.)			
Others (E. g Scripture Union membership and other faith based activities, dancing troops, Choir, Cadets, Marshal arts, Performing arts etc.)			
None			

Note: Attach documentary evidence of awards e. g certified copy of Testimonial.

PART E: PRE-TRAINING EXPOSURE, IF APPLICABLE (COMPLETE TABLE)

CATEGORY	INSTITUTION/COMMUNITY	REMARK
Professionally trained and qualified.		
Community Health Assistant		
Red Cross, Psychosocial Counselling, Peer Educator etc.		
Classified daily employee at health facility		
Community Health Work (E.g. TBA, CHW, SMAG etc.)		
Others		
None		

NOTE: Attach documentary evidence of Pre-training exposure e.g. Introductory letter, where possible.

PART H: – DECLARATION AND SIGNATURE

- I declare that the information I have supplied on this form is to the best of my knowledge complete and correct. I acknowledge that my application for enrolment is subject to acceptance by the institution.
- That all documents supplied with this application form are legal and not fraudulently obtained.
- I further acknowledge that in the event my application for enrolment as a student is accepted by the institution, I will be bound by the provisions of the relevant **Student statutes, Rules and policies** of the institution that are in force and lawful instructions from institutional authorities.
- That by signing this application form; I fully understand and agree with the above stipulations.

APPLICANT’S SIGNATURE: **DATE**...../...../.....

BANK DETAILS: Deposit the application fee in the following account.

- a. Bank Name: **ZAMBIA NATIONAL COMMERCIAL BANK**
- b. Account Name: **DEFENCE SCHOOL OF HEALTH SCIENCES**
- c. Account Number: **5594543300255**
- d. Branch: **CAIRO ROAD BUSINESS CENTRE**

ATTACHMENT: Please attach the following documents:

- a. Certified copy of Grade 12 Statement of Results or Certificate.
- b. Certified copy of National Registration Card or Passport (Foreign students).
- c. Certified copy of Professional qualification(s).
- d. Certified copy of Award(s).
- e. Photocopy of Pre-training exposure(s).
- f. Photocopy of recommendation letter from Faith-based institution e.g Church, if applicable.
- g. Latest passport size photo.
- h. Deposit receipt from the Bank.

Completed Application Form should be addressed/returned to:

The Commandant
Defense School of Health Sciences
Plot 119, Kalanga Road
Emmasdale
P.O. Box 390022

LUSAKA

FOR OFFICIAL USE ONLY
DATE RECEIVED:/...../.....
RECEIPT NO.
NAME OF RECEIVING OFFICER:
SIGNATURE OF OFFICER:

N.B. APPLICATION FORM MUST NOT BE PHOTOCOPIED.