

NIGHTINGALE COLLEGE OF NURSING AND APPLIED SCIENCES



PO Box 50405 Ridgeway, Lusaka
Plot 2334/L/M, Off Godfrey Chitalu Road, New Woodlands Extension, Lusaka
Phone: 0969888038 or 0973368602 (Principal)
E-mail: info@ncnas.edu.zm
Web page: www.ncnas.edu.zm

Application fee: K150 (Local) and USD10 (Foreign students) – non-refundable

Receipt no..... Date..... Issued by.....

APPLICATION FORM

1. APPLICANTS PERSONAL AND CONTACT DETAILS

Surname: First Name:

Other names: Sex: Female [] Male []

NRC: or Passport # for non-Zambians.....

Nationality:..... Date of Birth:.....

Marital Status:..... Religious Denomination.....

Contact Number: Email:.....

Residential Address:

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Postal Address:

Name and contact details of Parents/ Guardians/ Next of Kin

Surname: Other Names:

Contact Number: Email:

Address:

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Relationship: Occupation.....

Sponsorship/ Sponsor's details:

Names:

Address:

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Contact number: Email:

2. EDUCATIONAL BACKGROUND:

High School attended and year of completion.....

Subjects/Grades Obtained: (Grade 12 results or its equivalent)

Subject	Grade		Subject	Grade
English			Religious Education	
Mathematics			Commerce	
General Science			History	
Chemistry			Business Studies	
Physics			Geography	
Biology			History	
Agricultural Science			Food and Nutrition	
Physical Science			Civic Education	
Other				

3. PROFESSIONAL QUALIFICATIONS/ PRIOR LEARNING IF APPLICABLE

Level – College or University	Year		Name of College or University attended	Qualification Obtained	Examining Body
	From	To			

4. PHYSICAL OR COMMUNICATION DISABILITIES

Do you have any physical or communication disability?

Yes [] No []

If yes, select the applicable disability

1. Vision
2. Mobility
3. Speech
4. Hearing
5. Other: give details

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5. PERSONAL STATEMENT

Explain why you are applying for this programme, what you expect to learn from it, and how it will benefit you (this must be written in your own handwriting)

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6. DECLARATION

I declare that the information given above is to the best of my knowledge correct.

Signed by student: Date:

ATTACHMENTS: the following documents should be attached to this application:

1. Certified copy of grade 12 statement of results or certificate
2. Certified copy of National Registration Card or Passport (foreign students)
3. Latest passport size photo (natural appearance, without jewellery)
4. Bank deposit slip

FOR OFFICIAL USE ONLY

DATE RECEIVED: RECEIPT NO:.....

NAME OF RECEIVING OFFICER:

SIGNATURE OF OFFICER:

The application fee of K150.00 should be deposited the following bank account:

BANK DETAILS:

Bank: Zambia National Commercial Bank Plc,

Account Name: Nightingale College of Nursing and Applied Sciences Ltd

Account Number: 5850800500128

Branch: Woodlands Branch

Branch Code: 085

Swift Code: ZNCOZMLU