



GLORY ACADEMY COLLEGE OF NURSING

“Quality Nursing for the **GLORY OF GOD**”

PLOT NO: 30447, CHALALA, OFF TOKYO RING ROAD, LUSAKA, ZAMBIA. TEL: 0973 149318, 0977 322733

EMAIL: glory.academy@yahoo.co.uk

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APPLICATION FORM

INSTRUCTIONS

The application form is **K150.00** for local students/ **USD20** for international students non refundable

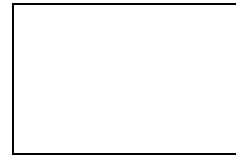
The application form will not be considered unless it is completed.

Attach the photocopies of the following:

-  Original Grade 12 certificate
-  Original Letter of recommendation from the employer or sponsor (where applicable)
-  Original National Registration Card
-  Study permit if international student

Filled application form should be sent to: The Principal at the above address.

PHOTO



COURSE:.....INTAKE.....Year 20.....

1. **Surname**.....
2. **First**..... Other names(s)NRC No...../...../.....
3. **Date of Birth**.....Place of Birth.....Nationality.....
4. **Gender:**.....Languages Spoken.....
5. **Marital Status:** If married give the following information below;

a). Name of Spouse:

b). Occupation:

c). Number of Children:

6. **Physical Address:**Cell No.:

7. **Next of Kin :**Cell No.:

8. **Religious Denomination:**

9. **Name of High School/ College Attended:**

Name of School	Period	Qualification
.....
.....
.....
.....

10. High School Certificate Results 12

SUBJECTS	GRADE	STANDARDS
1.
2.
3.
4.
5.
6.
7.
8.

11. Sponsored by:

12. Computer Literate: Yes / No:

13. I suffer from the following diseases:

14. I take the following drugs:

15. How did you hear about Glory Academy College of Nursing? Through:

.....

16. DECLARATION:

Ihereby declare that the information given above is, to the best of my knowledge, correct and should it be proved incorrect the College authorities have the right to expel me from College. I further declare that I shall abide by **all** the College rules and regulations for the smooth training of students

Signature:Date:

Motto, “Quality Nursing For the GLORY OF GOD”