



**TISI SANGAM INSTITUTE OF TECHNOLOGY
SANGAM COLLEGE OF NURSING
AND HEALTH CARE EDUCATION**



BACHELOR IN NURSING APPLICATION FORM 2015

The Sangam College of Nursing was established in 2005 following a Cabinet Decision and subsequent signing in 2004 of the Deed of Agreement (DOA) between the Government of Fiji and TISI Sangam.

INSTRUCTIONS

Each candidate must complete this form legibly and send to: The Head of School,
TISI Sangam College of Nursing & Health Care Education
P. O. Box 2047, Labasa.

The closing date for the application will be indicated in the advertisement.
Documents to be submitted with this form are as follows:

- i. A recent passport size photo stapled in the space provided above.
- ii. Original copy of your birth certificate.
- iii. CERTIFIED copies of your academic transcripts.
- iv. A recent reference from the School Principal or employer.

PHOTOGRAPH

Write your full name on the back of a recent photograph (passport size). Your application will be deemed 'incomplete if photograph is omitted.

PERSONAL PARTICULARS

1. NAME IN FULL (as in birth certificate): _____
2. Place of Birth: _____ 3. Date of Birth: _____
4. Citizenship: _____ 5. Ethnicity: _____ 6. Gender: _____
7. Marital Status: _____ 8. Number of children: _____
9. (a) Present Postal Address: _____
_____ Telephone No.: _____
- (b) Your contact address and telephone number from December to January

Telephone: _____ Fax: _____ E-mail: _____

10. **EDUCATIONAL RECORDS.** (Complete the following for Forms 6 and 7 education at secondary school and /or tertiary Institution)

- (A) Current / Last School Attended: _____
(B) FSLC Code No. : _____ (C) Form 7 Code No.: _____

FIJI SCHOOL LEAVING CERTIFICATE			FORM 7 / FOUNDATION			OTHER TERTIARY INSTITUTION		
SCHOOL:			SCHOOL:			SCHOOL:		
SUBJECTS TAKEN	RESULT YEAR:	RESULT YEAR:	SUBJECTS TAKEN	RESULT YEAR:	RESULT YEAR:	SUBJECTS TAKEN	RESULT YEAR:	RESULT YEAR:
ENGLISH			ENGLISH					
BIOLOGY			BIOLOGY					
TOTAL (English, Biology + 2 best subjects)								

11. List all employment during the last 3 years if applicable.

OCCUPATION	NAME OF EMPLOYER	DATES EMPLOYED		REASON FOR LEAVING
		FROM	TO	

12. Hobbies / Interests

13. Any other information which you consider relevant to this application?

DECLARATION BY APPLICANT

I _____ declare that the information made in this application form, to the best of my knowledge, are accurate and complete. If awarded a place to undergo the Bachelor of Nursing Course, I undertake to comply fully all financial obligations required for my training.

Signature

Date