ENTRANCE UNIVERSITY OF HEALTH SCIENCES
(SCHOOL OF NURSING)

ACCESS APPLICATION FORM

FOR HEALTH ASSISTANCE CLINICAL (HAC) AND NURSE ASSISTANCE CLINICAL (NAC)

AFFIX TWO PASSPORT PICTURE

PROGRAMME	
BSc. Nursing	

Please complete the form **IN BLOCK/CAPITAL LETTERS**

1. NAME OF APPLICANT: .....

   Surname First Name Middle Name

2. DATE OF BIRTH: ..... AGE.....
3. SEX : MALE: [ ] FEMALE: [ ]
4. PLACE OF BIRTH: .....
5. NATIONALITY: .....
6. POSTAL ADDRESS: .....
7. TELEPHONE NUMBER: .....
8. PLACE OF WORK: .....
9. DATE OF EMPLOYMENT: .....
10. FORMAL COLLEGE: .....
11. DATE GRADUATED FROM COLLEGE: .....
12. NMC AIN NUMBER: .....EXPIRY DATE: .....
13. DETAILS OF CONTACT PERSON: .....

NAME: .....

ADDRESS: .....

TELEPHONE NUMBER: .....EMAIL ADDRESS: .....

APPLICANT DECLARATION

I ..... certify that the information I have provided above is accurate. I have therefore attached certified copies of my HAC/NAC certificate, valid NMC AIN two passport size pictures and birth certificate. I pledge to abide by the Rules and Regulations of the University and the Nursing and Midwifery Council of Ghana.

Please note that fees paid are not refundable

SIGNATURE: ..... DATE: .....