



<b>National Institute of Health and Social Studies</b>	Document No: NIHF43
<b>APPLICATION FORM</b>	Revision No.: 0 Effective Date: JULY 2024

<b>APPLICATION CHECKLIST</b> (All applicants must fully complete the form and submit a copy of the following)		<b>For Official Use Only</b>	
Application Form duly filled		Reference Number	
Copy of National Identity Card		Received on/ by	
Copy of Birth Certificate		Interview Date	
Copies of academic certificate		Application Outcome	

### REGISTRATION DETAILS

<b>Programme/course applying for</b>						
<b>How did you learn about the programme?</b>	Newsletter		Social Media (Facebook, Instagram)			
	Word of mouth		Others			

### PERSONAL INFORMATION

*Your family name and other names should be the same as the official names on your ID card*

<b>First Name(s)</b> (in BLOCK letters)	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																								
<b>Family Name (Surname)</b> (in BLOCK letters)	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																								
<b>Gender</b>	MALE		<b>Date of Birth</b> (dd/mm/yyyy)	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					
FEMALE																									
<b>National Identity Number (N.I.N)</b>	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td>-</td><td></td></tr> </table>															-				-				-	
			-				-				-														
<b>Full Address; Sub-district, District</b>	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																								
<b>Mobile and other Phone Numbers</b>	<table border="1" style="width: 100%; height: 20px;"> <tr><td>+</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												+												
+																									
<b>Email Address</b>	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																								

### DETAILS OF ACADEMIC QUALIFICATION

State qualification obtained at the end of Secondary School Level and the Awarding Body

SUBJECTS	GRADES/MARKS	IGCSE/ GCE/ O level/ National Examination etc



<b>National Institute of Health and Social Studies</b>	Document No: NIHF43
<b>APPLICATION FORM</b>	Revision No.: 0 Effective Date: JULY 2024

**HIGHEST CERTIFICATES OBTAINED (if applicable)**

	Certificates obtained (title of certificate):	Organisation/Institute/School:	Date Started	Date Completed
1.				
2.				

**CURRENT STATUS (tick and answer accordingly)**

Completed S5:		Employed:		Unemployed:	
Currently studying:		Self-Employed:			

**REASON(S) FOR APPLYING (compulsory)**  
Briefly explain why you have applied for the Programme

---



---



---



---

**REFEREES (compulsory)**  
Referees should not be any relatives

Name:		Name:	
Position:		Position:	
Place of Work:		Place of Work:	
Contact details:		Contact details:	

**DECLARATION BY THE APPLICANT (must be completed and signed by the applicant)**

I \_\_\_\_\_ (full name), the undersigned, declare that the particulars in this application are true and accurate, and that I have not willfully suppressed any material fact.

Date : \_\_\_\_\_ Signature: \_\_\_\_\_

For any clarification Contact Us: Registrar at NIHSS Tel: 4 399440 or email [registrar.nihss@health.gov.sc](mailto:registrar.nihss@health.gov.sc)