Ministry of Health
Republic of Seychelles

DIPLOMA AND CERTIFICATE PROGRAMME APPLICATION FORM

(Duration 1-year Certificate/ 3 years Diploma)

APPLICATION CHECKLIST

Application Form duly filled	
Copy of Identity Card	
Copy of Birth Certificate	
Copies of end of Secondary School level certificates (eg GCE, IGCSE, O level, National Examination, A Level and any other relevant academic certificate	
Copies of end of Secondary School level transcript (eg GCE, IGCSE, O level, National Examination, A Level and any other relevant academic transcript	

ORIGINAL CERTIFICATES SHOULD NOT BE SENT WITH THE APPLICATION FORM

For official Use Only

Reference Number	
Received on/ by	
Interview Date	
Interview Outcome	

PERSONAL INFORMATION			
Your family name and other names should be the same as the official names on your ID card			
First Name(s) *(in BLOCK letters)*			
Family Name (Surname) *(in BLOCK letters)*			
Gender	☐ MALE ☐ FEMALE	**Date of Birth** *(dd/mm/yyyy)*	
Place of Birth			
Country of citizenship			
National Identity Number (N.I.N)			
Indicate whether you suffer from any illness that might affect your ability to participate in the proposed study programme (*e.g. epilepsy, asthma, diabetes, significant visual impairment, motor disability or significant hearing loss, etc.*) **A '***YES***' answer will not affect your chances of studying at NIHSS.**	☐ YES ☐ NO		
If you have answered 'YES', provide brief details of the illness and any special requirements or support you may require to complete your programme of study on a separate sheet of paper. Please attach a copy of your doctor's assessment of your needs. NOTE: Upon enrolment all learners are required to undergo a COMPULSORY medical test.			

YOUR CONTACT DETAILS Please provide an address at which the outcome of this application can be communicated to you.	
Full Address; **Sub district** **District** *(in BLOCK letters)*	
Mobile Phone Number And Any other Phone Number	+ +
Email Address	

DETAILS OF ACADEMIC QUALIFICATIONS (if applicable)

State qualification obtained at end of Secondary School Level and the level of the Examination (eg. IGCSE/GCE/O level/ National Examination)

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

Name of Institution			
Address of Institution			
Start Date *(mm/yyyy)*		**End Date** *(mm/yyyy)*	

OTHER CERITIFICATES (if applicable)

1	Organization/ Institute/ School: _____ Date completed (**Month/ Year**): _____/ _____ Certificated obtained(title of certificate): _____
2	Organization/ Institute/ School: _____ Date completed (**Month/ Year**): _____/ _____ Certificated obtained(title of certificate): _____
3	Organization/ Institute/ School: _____ Date completed (**Month/ Year**): _____/ _____ Certificated obtained(title of certificate): _____

CURRENT STATUS (tick and answer accordingly)	
1	Completed S5: ☐ Year:_____
2	Currently studying: ☐ Where:_____
3	Employed: ☐ Where:_____
4	Self- Employed: ☐
5	Unemployed: ☐
6	(if applicable) Are you currently or have you ever been employed by the Ministry of Health? Yes ☐ No ☐ If yes, in what capacity?_____ Date (Year): _____ to _____

PERSONAL STATEMENT (compulsory)
Explain briefly why you wish to apply for the programme(s)

_____
_____
_____
_____
_____
_____

PROGRAMME YOU WISH TO FOLLOW

You have a maximum of three choices
Please indicate using number (1, 2 or 3) the programme(s) which reflects your 1st Choice, 2nd Choice and 3rd Choice.

Programme	Choice (s)
Diploma in Nursing	
Diploma in Environmental Health Sciences	
Diploma in Biomedical Laboratory Sciences	
Diploma in Physiotherapy	
Diploma in Occupational Therapy	
Diploma in Emergency Medical Care	
Diploma in Nutrition	
Certificate in Health Care	

REFEREES (compulsory)
Referees should not be any relatives

Name: _____

Position: _____

Place of Work: _____

Contact details: _____

Name: _____

Position: _____

Place of Work: _____

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 @ NIHSS Ms Seth Tel: 4 24 20 06 or email v.seth@health.gov.sc