

| 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: | <input type="checkbox"/> | Employed: | <input type="checkbox"/> | Unemployed: |
| Currently studying: | <input type="checkbox"/> | Self-Employed: | <input type="checkbox"/> | <input type="checkbox"/> |
| REASON(S) FOR APPLYING (compulsory) Briefly explain why you have applied for the Programme | | | | |
| <hr/> <hr/> <hr/> <hr/> | | | | |
| 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) | | | | |
| <p>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.</p> <p>Date : _____ Signature: _____</p> | | | | |

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