



REPUBLIC OF ZAMBIA
MINISTRY OF HEALTH
UNIVERSITY TEACHING HOSPITALS
LUSAKA COLLEGE OF NURSING &
MIDWIFERY



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Application Fee (non-refundable)

Receipt No.....

Date bought

Received by

Date.....

**APPLICATION FORM FOR ENROLMENT FOR DIPLOMA IN NURSING, PUBLIC
HEALTH NURSING AND MIDWIFERY PROGRAMMES**

FOR OFFICIAL USE ONLY:

CANDIDATE'S APPLICATION No.

PART A: APPLICANT'S PERSONAL AND CONTACT DETAILS

1. SURNAME: _____ OTHER NAMES: _____

2. NRC No: _____/_____/_____ or PASSPORT NO (for non-Zambians) (Attach photocopy of NRC & Passport)

3. NATIONALITY: _____ 4. SEX _____ M-Male F-Female

5. MARITAL STATUS _____ M-Married U-Unmarried (Attach photocopy of marriage certificate)

6. POSTAL ADDRESS: _____

Note: Provide usable postal addresses, which the institution can use for posting acceptance letter. The institution will not be held liable for wrong postal addresses

7. RESIDENTIAL ADDRESS: _____

8. CONTACT _____

9. NUMBER(S): _____ Email: _____

DATE OF BIRTH: Day _____ Month _____ Year _____

10. NAME AND ADDRESS OF PARENTS/GUARDIAN/NEXT OF KIN (Delete which is not applicable)

Contact Number(s): _____

11. HIGH SCHOOL ATTENDED & YEAR OF COMPLETION _____

PART B: ACADEMIC DETAILS (GRADE 12 [TWELVE] RESULTS OR ITS EQUIVALENT)

SNO	SUBJECT	GRADE		SNO	SUBJECT	GRADE
1	ENGLISH			8	RELIGIOUS EDUCATION	
2	MATHEMATICS			9	AGRIC. SCIENCE	
3	BIOLOGY			10	NUTRITION	
4	SCIENCE			11	COMMERCE	
5	GEOGRAPHY			12	CHEMISTRY	
6	HISTORY			13	PHYSICS	
7	CIVIC EDUCATION			14	PRINCIPLES OF ACCOUNTS	

PART C – PROFESSIONAL QUALIFICATIONS (PRIOR LEARNING), IF APPLICABLE (COMPLETE TABLE STARTING WITH THE MOST RECENT QUALIFICATION OBTAINED)

LEVEL	YEAR		NAME OF COLLEGE/	QUALIFICATION	EXAMINING
COLLEGE OR UNIVERSITY	FROM	TO	UNIVERSITY ATTENDED	OBTAINED	BODY

Note: Attach documentary evidence of qualifications obtained- certified photocopies of certificates and not originals

PART D: AWARDS RECEIVED (PRE-SERVICE CANDIDATES ONLY)

CATEGORY	TICK	YEAR AWARDED	INSTITUTION
Creativity & innovation (E. g JETS, Geography Projects etc.)			
Leadership related (E. g Prefects, Head boy/girl, Scripture Union Leader etc.)			
Academic excellence (E. g Best in Mathematics, biology etc.)			
Games (Football, netball, Basketball etc.)			
Others (E. g Scripture Union membership and other faith-based activities, dancing troops, Choir, Cadets, Marshal arts, Performing arts etc.)			
None			

Note: Attach documentary evidence of awards e. g certified copy of Testimonial

PART E : PROGRAMS OF CHOICE IN ORDER OF PRIORITY (Choose from the list below)

FIRST CHOICE	1.
SECOND CHOICE	2.
THIRD CHOICE	3.

LIST OF PRE-SERVICE PROGRAMMES FOR JULY 2025 INTAKE ENROLMENTS

1. DIPLOMA IN PUBLIC HEALTH NURSING **(PHN)**
2. DIPLOMA IN MIDWIFERY (REGISTERED MIDWIFERY-**RM**)
3. DIPLOMA IN NURSING (REGISTERED NURSING -**RN**)

PART F: PRE-TRAINING EXPOSURE, IF APPLICABLE (COMPLETE TABLE)

CATEGORY	INSTITUTION / COMMUNITY	REMARKS
Professionally trained and qualified		
Community Health Assistant		
Red Cross, Psychosocial counselling, Peer Educator etc.		
Classified daily employee at health facility		
Community Health Work (E. g TBA, CHW, SMAG etc.)		
Others		
None		

Note: Attach documentary evidence of Pre-training exposure e. g introductory letter, where pos

PART F: PHYSICAL OR COMMUNICATION DISABILITIES

1. Do you have any physical or communication disabilities? (Tick where applicable)

☐

Yes:

☐

No:

2. If yes, circle the disability applicable:

- a. Vision
- b. Mobility
- c. Speech
- d. Hearing
- e. Other (Give details):

PART G: PERSONAL STATEMENT

Explain why you are applying for this programme, what you hope to learn from it, and how it will benefit you. **(Please write with own hand)**

[illegible]

PART H– DECLARATION AND SIGNATURE

- I declare that the information I have supplied on this form is to the best of my knowledge complete and correct. I acknowledge that my application for enrolment is subject to acceptance by the institution.
- That all documents supplied with this application form are legal and not fraudulently obtained.
- I further acknowledge that in the event that my application for enrolment as a student is accepted by the institution, I will be bound by the provisions of the relevant **Student statutes, Rules and policies** of the institution that are in force and lawful instructions from institutional authorities.
- That by signing this application form; I fully understand and agree with the above stipulations.

APPLICANT'S SIGNATURE:

..... **DATE:**...../.....

...../.....

ATTACHMENTS: Please attach the following documents:

1. Pre-Service Candidates

- a. Certified copy of Grade 12 Statement of Results or certificate
- b. Certified copy of National Registration Card or Passport (Foreign students)
- c. Certified copy of Professional qualification(s)
- d. Certified copy of Award(s)
- e. Photocopy of Pre-training exposure
- f. Photo copy of recommendation letter from Faith-based institution e.g. Church, if applicable

2. In-service Candidates

- a. Certified copy of Grade 12 Statement of Results or certificate
- b. Certified copy of National Registration Card or Passport (Foreign students)
- c. Certified copy of Professional qualification(s)
- d. Certified copy of GNCZ Registration certificate
- e. Certified copy of valid GNCZ Practicing Certificate/ License
- f. Photocopy of recommendation letter from referee e. g Employer

FOR OFFICIAL USE ONLY

DATE RECEIVED...../...../.....

RECEIPT NO:.....

NAME OF RECEIVING OFFICER:.....

SIGNATURE OF OFFICER: