



**ST. LUKE'S COLLEGE OF NURSING & MIDWIFERY-MPANSHYA**  
**BOX 32789 LUSAKA E-mail: [st.lukesprincipal@yahoo.com](mailto:st.lukesprincipal@yahoo.com)**  
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Application Fee: **K200** (non-refundable)

Receipt No: .....

Date Bought: .....

Received by: .....

Date: .....

**APPLICATION FORM FOR ENROLMENT INTO 2025 ACADEMIC YEAR.**

FOR OFFICIAL USE ONLY:

CANDIDATE'S APPLICATION NO:

**PROGRAM BEING APPLIED FOR (Direct entry programs) (Tick one only):**

1. REGISTERED NURSING

☐

2. REGISTERED MIDWIFERY

☐

3. PUBLIC HEALTH NURSING

☐

**IN-SERVICE PROGRAMS**

1. ADVANCED DIPLOMA IN HIV NURSE PRACTITIONER (HNP)

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PART A:  
APPLICANT'S  
PERSONAL AND CONTACT DETAILS

1. SURNAME: .....
2. OTHERS: .....
3. NRC No: .....or PASSPORT No. (for non-Zambians)
4. NATIONALITY: .....

5. SEX (Tick)

Male

☐

Female

☐

6. MARITAL STATUS (Tick)

MARRIED

☐

UNMARRIED

☐

7. 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)*



8. RESIDENTIAL ADDRESS:

.....

9. CONTACT No:

.....  
10. Email: .....

11. DATE OF BIRTH: (DD/MM/YR)

.....  
12. NAMES AND ADDRESS OF PARENTS/ GAURDIAN/NEXT OF KIN (*delete were not applicable*)

.....  
13. CONTACT NUMBER (S) OF NEXT of KIN :

.....  
14. HIGH SCHOOL ATTENDED AND YEAR OF COMPLETION

LEVEL	YEAR		QUALIFICATION OBTAINED	EXAMINING BODY
NAME OF SECONDARY SCHOOL	FROM	TO		



S/N	SUBJECT	GRADE		S/N	SUBJECT	GRADE
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1	ENGLISH			1	RELIGIOUS EDUCATION	
2	MATHEMATICS			2	AGRIC. SCIENCE	
3	BIOLOGY			3	NUTRITION	
4	SCIENCE			4	COMMERCE	
5	GEOGRAPHY			5	CHEMISTRY	
6	HISTORY			6	PHYSICS	
7	CIVIC EDUCATION			7	PRINCIPALS OF ACCOUNTS	

## PART B

ACADEMIC DETAILS (GRADE TWELVE (12) RESULTS OR ITS EQUIVALENT)

## PART C

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

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

*(Attach documentary evidence of qualification obtained-certified photocopies of certificate and **not** originals)*

## PART D

AWARDS RECEIVED (PRE-SERVICE CANDIDATES ONLY)

CATEGORY	TICK	YEAR AWARDED	AWARDING INSTITUTION
Creativity and innovation (e.g. JETS, Geography projects etc.			
Leadership related (e.g. prefect, head boy/girl, scripture union leader etc.			
Academic excellence e.g. best in mathematics, biology			
Games (football, netball basketball etc.			
Others (e.g. scripture union membership and other faith-based activities, dancing troops, choir, cadets, martial arts, performing arts etc.			

#### DENOMINATION

Catholic		
Others		

*(Attach documentary evidence of awards e.g. Certified copy of testimonial)*

#### PART E

#### PRE-TRAINING EXPOSURE, IF APPLICABLE (COMPLETE TABLE)

CATEGORY	INSTITUTION/COMMUNITY	REMARKS
Professionally trained and qualified		
Community health assistant		

Red cross, psycho-social counselling, peer educator		
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 possible.)

#### PART F

#### DISABILITIES.

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

Yes ( )

No ( )

If yes circle the disability applicable:

- a. Vision
- b. Mobility
- c. Speech
- d. Hearing
- e. Others

(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 with own handwriting)

.....

.....

.....

.....

.....

[illegible][illegible]

## 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 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 the institutional authorities.
- That by signing this application form; I fully understand and agree with the above stipulations.

APPLICANT'S SIGNATURE: .....

DATE: .....



ATTACHMENTS: please tick the attached documents:

pre-service candidates

1. Certified copy of grade 12 statement of results or certificate. ( )
2. Certified copy of National Registration Card or Passport (foreign) students.  
( )
3. Certified copy of professional qualification(s). ( )
4. Certified copy of awards. ( )
5. Photocopy of pre-training exposure. ( )
6. Photocopy of recommendation letter from faith-based institution ( )  
e.g. church, if applicable
7. Latest passport size photo. ( )





**FOR OFFICIAL USE**

DATE RECEIVED: .....

RECEIPT No: .....

NAME OF RECEIVING OFFICER: .....

SIGNATURE: .....

