



MINISTRY OF HEALTH

ST. LUKE'S COLLEGE OF NURSING AND MIDWIFERY –MPANSHYA

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FOR OFFICIAL USE ONLY:

Application Fee: k200 (non-refundable)

Receipt No:

Date Bought: Received

by:

Date:

(JULY INTAKE) APPLICATION FORM FOR ENROLMENT INTO 2026 ACADEMIC YEAR.

PROGRAM APPLIED FOR (tick One

RN	PRE-SERVICE
RM	PRE-SERVICE
PHN	PRE-SERVICE
RM	IN-SERVICE
HNP	DISTANCE
	FULL TIME

Only)



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PART A - APPLICANT'S PERSONAL AND CONTACT DETAILS

1. SURNAME:

OTHER NAMES:

2. NRC or PASSPORT No (for non-Zambians)

3. NATIONALITY:

4. GENDER (Tick)

Male

Female

5. MARITAL STATUS (Tick)

Married

Unmarried

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 No:

Email:



9. DATE OF BIRTH:

DD	MM	YYYY
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10. NAMES AND ADDRESS OF PARENTS/ GAURDIAN AND OR NEXT OF KIN (*delete were applicable*)

.....

Contact number(s) of next of kin:

.....

11. HIGH SCHOOL ATTENDED AND YEAR OF COMPLETION

LEVEL	YEAR		QUALIFICATION	EXAMINING BODY
NAME OF SECONDARY SCHOOL	FROM	TO	OBTAINED e.g. G9 Cert, G12 Cert, GCE etc.	e.g. ECZ, Cambridge
NAME	YYYY	YYYY		



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PART B - ACADEMIC DETAILS (GRADE 12 RESULTS OR EQUIVALENT)

S/N	SUBJECT	GRADE		S/N	SUBJECT	GRADE
1	ENGLISH			10	RELIGIOUS EDUCATION	
2	MATHEMATICS			11	AGRIC. SCIENCE	
3	BIOLOGY			12	NUTRITION	
4	SCIENCE			13	COMMERCE	
5	GEOGRAPHY			14	CHEMISTRY	
6	HISTORY			15	PHYSICS	
7	CIVIC EDUCATION			16	PRINCIPALS OF ACCOUNTS	
8	HOME ECONOMICS			17	ART & DESIGN	
9	BUSINESS STUDIES			18	LITERATURE IN ENGLISH	



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

NAME OF COLLEGE OR UNIVERSITY	YEAR		QUALIFICATION OBTAINED	EXAMINING BODY
	FROM	TO		
COLLEGE OR UNIVERSITY	YYYY	YYYY		
COLLEGE OR UNIVERSITY	YYYY	YYYY		
COLLEGE OR UNIVERSITY	YYYY	YYYY		

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



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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.)			



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E - DENOMINATION

Catholic (tick)	
Others (specify)	

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

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		
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.)



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PART G - 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).....

DECLARATION AND SIGNATURE

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

APPLICANT'S SIGNATURE:

DATE:



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ATTACHMENTS: please tick the attached documents: pre-service candidates.

Document	Tick
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	
8. Photocopy of Baptism certificate/ Recommendation from parish priest (for Catholics only)	



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