



School for Enrolled Nurses & Midwives

Nurses Education Centre, Bansang, Central River Region

P.O Box 1965 Email: info@senmschool.com Tel: (+220) 7584374//3073130/2207082

APPLICATION FORM FOR ENROLLED MIDWIFERY PROGRAM

COMPLETE THE FORM IN BLOCK LETTERS

INDEX NUMBER:.....

SURNAME:.....

NAME:.....

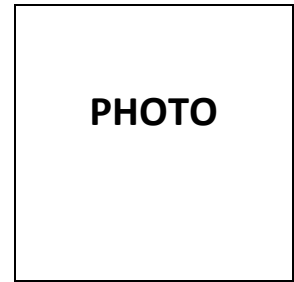
ADDRESS:.....

DATE OF BIRTH:.....AGE:.....SEX:.....

NATIONALITY:.....MARITAL STATUS:.....

HOME PHONE:.....MOBILE:.....

EMAIL ADDRESS (if any).....



EDUCATION BACKGROUND

(SPECIFY NURSING SCHOOLS ATTENDED IN THE COLUMNS BELOW)

SCHOOL ATTENDED	DATE FROM/TO	CLASS ATTENDED	EXAMINATIONS PASS	GRADE AT GRADUATION

WORK EXPERIENCE (LIST IN CHRONOLOGICAL ORDER)

FACILITY/DEPARTMENT/ UNIT	POST HELD	PERIOD		REASONS FOR LEAVING
		FROM	TO	

1. STATE BRIEFLY WHY YOU WANT TO BE TRAINED AS AN ENROLLED MIDWIFE

.....
.....

2. IS THIS YOUR FIRST APPLICATION? YES/NO

IF NO, WHEN DID YOU PREVIOUSLY APPLIED?.....

3. ARE YOU PHYSICALLY FIT AND SOUND? YES/NO
IF NO, WHICH HEALTH PROBLEM(S) DO YOU EXPERIENCE?

.....
.....

4. ARE YOU CONFIRMED IN SERVICE? YES / NO
5. NAME OF ANYBODY WHO IS PREPARED TO TAKE FULL RESPONSIBILITY FOR MATTERS
RELATING TO YOUR WELFARE

NAME:.....

RELATIONSHIP:.....

ADDRESS:.....

HOME PHONE:.....MOBILE:.....

6. NAME AND ADDRESS OF TWO REFEREES (NOT RELATIVES OR FRIENDS) WHO CAN
VOUCH TO YOUR WELFARE

I. NAME:..... ADDRESS:.....

II. NAME:..... ADDRESS:.....

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. I HAVE NO
OBJECTION FOR MY FORMER OR CURRENT EMPLOYER TO BE CONTACTED FOR REFERENCE

SIGNATURE OF APPLICANT

ALL APPLICANTS SHOULD SUBMIT THE FOLLOWING:

- a) Recommendation letter from supervisor
- b) Confirmation of appointment letter
- c) Copy of EN certificate, transcript, testimonial, birth certificate and valid nursing license
- d) Recent passport photo
- e) Bank receipt (application fee)

NOTE:

Applicant MUST have at least C grade at EN graduation