

LUSAKA APEX
MEDICAL UNIVERSITY



Attach
Passport
photo x 2

NURSES & MIDWIFERY COUNCIL OF ZAMBIA

APPLICATION FORM FOR ENROLMENT INTO DIPLOMA IN NURSING AND DIPLOMA IN MIDWIFERY PROGRAMMES

FOR OFFICIAL USE ONLY:

Name:

Local Student ☐

International Student ☐

- 1) The application form is obtainable from the Lusaka Apex Medical University offices on production of a non-refundable fee of:

Local applicants
K150.00

International
US\$30

- 2) Application fees can be paid by electronic transfer or bank deposit.

- The banking details for the University are as follows:

Zambian Students
Account Name: Lusaka Apex Medical University
Account Number: 1095776500148
Name of Bank: ZANACO
Name of Branch: Manda Hill
Branch Code: 010-078
Swift code: ZNCOZMLU
Currency: Zambian Kwacha (ZMW)

International Students
Lusaka Apex Medical University
1095776500249
ZANACO
Manda Hill
010-078
ZNCOZMLUXXX
United States Dollars (USD)

- Kindly note that candidates can deposit using any Zanaco Branch

PART A: APPLICANT'S PERSONAL AND CONTACT DETAILS

Surname/Family name:

Forename(s)/Given name(s):

Title (e.g. Mr, Miss, Mrs, Ms, Dr, Prof):

Date of birth (day/month/year):

Identity Number (NRC/Passport):

Gender (male or female):

Permanent/home address:
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Address for correspondence (if different):
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Telephone (Mobile).....

E-mail:

Nationality:

High school attended and year of Completion.....

Intake being applied for/starting date.....

Part B: PROGRAMME PREFERENCE (Kindly Tick your programme of choice)

i. Diploma in General Nursing ☐

ii. Diploma in Midwifery ☐

PART C: ACADEMIC DETAILS (GRADE 12) TWELVE RESULTS OR EQUIVALENT)

| NO. | Subjects | Grades | SNO | Subjects | Grades |
|-----|---------------------|--------|-----|------------------------|--------|
| 1 | English | | 10 | Food and Nutrition | |
| 2 | Mathematics | | 11 | Woodwork | |
| 3 | Biology | | 12 | Art | |
| 4 | Science | | 13 | Commerce | |
| 5 | Geography | | 14 | Chemistry | |
| 6 | History | | 15 | Physics | |
| 7 | Civic Education | | 16 | Principles of Accounts | |
| 8 | Religious Education | | 17 | Home Management | |
| 9 | Agric. Science | | 18 | Literature in English | |

PART D: PROFESSIONAL QUALIFICATIONS (PRIOR LEARNING), IF APPLICABLE (COMPLETE TABLE STARTING WITH THE MOST RECENT QUALIFICATIONS OBTAINED)

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

| | | | | | |
|-----------------------------|--|--|--|--|--|
| COLLEGE OR UNIVERSITY | | | | | |
| | | | | | |

Note: Attach documentary evidence of qualifications obtained certified copies.

PART E: AWARDS RECEIVED

| CATEGORY | TICK | YEAR AWARDED | INSTITUTION |
|---|------|--------------|-------------|
| Creativity & innovation (e.g. Jets, Geography projects etc.) | | | |
| Leadership related (e.g. Prefects, Head boy, 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 acts etc.) | | | |
| None | | | |

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

PART F: PRE-TRAINING EXPOSURE, IF APPLICABLE

| CATEGORY | TICK | YEAR AWARDED |
|---|------|--------------|
| 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 | | |

PART G: PHYSICAL OR COMMUNICATION DISABILITIES

Tick where Applicable

1. Do you have any Physical or Communication Disabilities?

Yes.

No

2. If yes, Circle the disability applicable:

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

PART H: PERSONAL STATEMENT

Explain why you are applying for this programme, what you hope to learn from it and how it will benefit you

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PART I: 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 an event my application for enrollment as a student is accepted by the institution, I will be bound by the provisions of the relevant student Rules and Policies of the Institution that are in force and lawful instructions from the institution 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:

- a) Certified copy of Grade 12 statement of Results or Certificate by (Examination Council of Zambia only)**
- b) Certified copy of NRC or Passport
- c) Certified copy of Professional qualification(s)
- d) Certified copy of Award(s)
- e) Photocopy of Pre-Training Exposure(s) if applicable
- f) Photocopy of recommendation letter from Faith based institution e.g. Church if applicable
- g) Latest 2 passport size photos
- h) Bank deposit slip for application fee (K150)

NOTE: Completed application form must be forwarded to the Registrar, Lusaka Apex Medical University, P.O. Box 31909, LUSAKA, ZAMBIA or e-mail admissions@lamu.edu.zm.

N.B. For this intake, accepted students who may not afford to pay 100% of the school fees will be allowed to pay 30% to enable them register, start classes and write first Continuous Assessment (CA). Further, students are required to meet the 65% threshold at the time of second CA and 100% a month before commencement of examinations.