

WEST AFRICAN COLLEGE OF NURSING

Application Form for Fellowship Programme



2 Passports
Photograph

Section 'A' (to be completed by Applicant)

1. Name: Mr./Mrs/Miss/Dr/Prof -----
(Surname in Block Letters)

Other Names: -----

2. Previous Name: -----

3. Present (Postal) Address: -----

4. Permanent (Home) Address: -----

5. Sex: M F

6. Date of Birth: -----

7. Nationality: ----- Phone No: -----

8. Age Last Birthday: ----- Email: -----

	Qualifications	Name of Institutions	Duration of Course	Date of Qualification	Registered No./License No.
9.	Basic Qualification				
10.	Post-Basic Qualifications				
11.	Additional Qualifications				

12. SPECIALTY/FACULTY:

(Tick the Faculty to which you are applying)

- 1. MEDICAL AND SURGICAL NURSING
- 2. MATERNAL AND CHILD HEALTH AND MIDWIFERY
- 3. MENTAL HEALTH AND PSYCHIATRIC NURSING
- 4. COMMUNITY HEALTH NURSING

13. PROFESSIONAL EXPERIENCE:

Designation	Institution	Dates

14. Signature of Applicant:----- Date: -----

15. Referees (Must be one professional Nurses and one other person to whom you are known for at least 5 years)

S/n	Name	Qualification/Status	Address
1.			
2.			

16. Section 'B' (To be completed by Head of Department/Institution)

Recommendation by Professional Head of Department:

I hereby certify that the above particulars in respect of Miss/Mr./Mrs./Dr/Prof: -----
are correct/incorrect.

Full Name: -----

Qualifications: -----

Signature: -----

Date: -----

Please Note:

- (1) This Form, when completed, must be returned in either online or duplicate as early as possible and not later than 31st July 2018 to the Executive Secretary, West African College of Nursing, 6, Taylor Drive (off Edmond Crescent), P.M.B.2023, Yaba, Lagos, Nigeria. Late submission attracts penalty, after 31st July - \$10, after 19th August - \$50
 - (2) The application must be accompanied by a non-refundable application fee of \$30 or N10, 000.00 payable to West African College of Nursing.

Account Details: First Bank Plc, Account Name – West African College of Nursing

Account Number: Naira Account – **2003831052** and Dollar Account - **2003465262**
 - (3) Two Passport size photographs must be scanned and attached.
 - (4) Photocopies of all credentials (certificates and current licence) must be enclosed and originals made available at the time of registration.
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FOR OFFICE USE ONLY:

Date application received: -----
Date Application Checked: -----
Fee Paid: -----
Date of Interview: -----
Result of Interview: -----

Action By: -----
(Signature)
Clerical Officer: -----
Faculty Officer: -----
Executive Secretary: -----

Local Chapter's Comment

17. Approved:

Signature of Interviewers: ----- (Chairman)

(1) ----- (2) -----

(3) ----- (4) -----

National Chapter Stamp:

18. SECTION 'D' (To be completed by the Secretariat)

I recommend/do not recommend: -----
for admission.

Signature: -----

Date: ----- College Stamp:

Admission letter issued on: -----