



**VALLEY VIEW UNIVERSITY**  
**ACCESS NURSING COURSE**  
**FOR HEALTH ASSISTANT CLINICAL (HAC),**  
**AND NURSE ASSISTANT CLINICAL (NAC)**

AFFIX  
PASSPORT  
PICTURE

**APPLICATION FORM**

Please complete the form IN BLOCK/CAPITAL LETTERS.

- 1) NAME OF APPLICANT \_\_\_\_\_  
*Surname*                      *First Name*                      *Middle Name*
- 2) DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_
- 3) SEX:      MALE                       FEMALE                      PLACE OF BIRTH \_\_\_\_\_
- 4) NATIONALITY: \_\_\_\_\_
- 5) POSTAL ADDRESS \_\_\_\_\_
- 6) TELEPHONE NO: \_\_\_\_\_ E-MAIL \_\_\_\_\_
- 7) PLACE OF WORK: \_\_\_\_\_
- 8) DATE OF EMPLOYMENT: \_\_\_\_\_
- 9) FORMER COLLEGE: \_\_\_\_\_
- 10) DATE GRADUATED FROM COLLEGE: \_\_\_\_\_
- 11) NMC AIN NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_
- 12) DETAILS OF CONTACT PERSON:  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ E-MAIL (if any) \_\_\_\_\_

**APPLICANT'S DECLARATION**

I, \_\_\_\_\_ certify that the information I have provided above is accurate. I have therefore attached certified copies of my HAC/NAC certificate, valid NMC AIN. I pledge to abide by the Rules and Regulations of the University when considered.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_