# 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 CONCTACT PERSON:

NAME:_____

ADDRESS:_____

TELEPHONE: _____ E-MAIL (if any)_____

## APPLICANT'S DECLARATION

I, _____ certify that the information I have provided above are 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_____