



# Roma College of Nursing

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Lesotho

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## Application Form for Midwifery Programme

### **FOR OFFICE USE ONLY**

#### **Application to study in 2022/23 Academic Year**

**YOUR REFERENCE NO.:** 2023/\_\_\_\_\_ Amount paid: \_\_\_\_\_

Receipt No.: \_\_\_\_\_ Date: \_\_\_\_\_

Checked by: \_\_\_\_\_

**PLEASE FILL IN THE APPLICATION FORM (IN BLOCK LETTERS)**

**IMPORTANT:** *Read carefully before completing this form. This application will not be processed unless you meet entry requirements, completely filled and signed the application form, and pay application fee.*

#### ***ENTRY REQUIREMENTS: -***

- Diploma in General Nursing,
- Registration with LNC and license
- LNA Registration and receipt

**WHENEVER APPLICABLE, USE "X" TO MARK THE RELEVANT BLOCK.**

## SECTION 1: Previous Application

Have you ever been a registered student at the Roma College of Nursing? YES  NO

If yes state the year and / or student number: **Year** ....., **Student No.** .....

Have you ever been registered for Diploma in Midwifery? YES  NO  If yes, which school?.....

## SECTION 2: Personal Details

Surname:																							
First Names:																							
Maiden Names:																							
Date of Birth:		Y	Y	Y	Y			M	M			D	D										
Mr.	Mrs.	Miss																					
Passport or ID Number																							
Marital status:		Single		Married		Widowed		Divorced		Number of children, if any: _____													
Correspondence address (not a school address)		<table border="1" style="width:100%; height: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>																					
Contact Numbers:																							

### Present Activity:

	Student
	Employed
	Other (specify) -----

### Gender:

	Male	Nationality: -----
	Female	Home Language: -----
		Country of Permanent Residence: -----
		Religious denomination (specify): -----

### SECTION 3: Additional Information

**Guarantour (Next of kin):** .....

Relationship:    Father                Mother                Guardian      
                          Spouse                Other(specify)  \_\_\_\_\_

Surname:	Initials:	Title:	Mr.	Ms.	Mrs.	Etc.
Residence Address: ----- ----- ----- ----- Postal Code: -----		Occupation: ----- Home Tel. No.: ----- Work Tel. No.: ----- Cell No.: ----- Dialling code: -----				

### SECTION 4: Health Status

Do you have any chronic illness (es)? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

 If yes give details -----

Do you have any disability? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

 Give details (if yes) -----

Do you have any allergies? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

 Give details (if yes) -----

STATE FOOD THAT YOU DO NOT EAT:

-----  
-----

## SECTION 5: Diploma in General Nursing Details

### Details of School where you have completed your final year of Nursing

Name:	
Town:	
Country:	
Year of completion:	

Please attach certified copies of General Nursing certificate, passport, licence certificate and proof of LNA Registration.

## SECTION 6:

### Additional academic qualification

<b>Name of qualification</b>	
<b>Institution where it was obtained</b>	
<b>Country</b>	
<b>Year of completion</b>	

## SECTION 7: Sponsorship (State the name of your previous sponsor)

NMDS     Self     Other (specify) .....

If you were sponsored by NMDS, provide your financial status

If you are admitted, who will be your sponsor? .....

## SECTION 8: Declaration and Undertaking

I, the undersigned applicant, declare that the information supplied is true and accurate to the best of my knowledge and belief that I undertake to bind myself to Roma College of Nursing, to pay in full all fees and other charges due and payable by me in terms of the relevant applicable annual schedule of fees.

***Estimated fee structure for 2022/2023 total = M40,271.39***

-----  
**Date**

-----  
**Signature of Applicant**

**NB.**

1. Fees are subject to change for each academic year. It is also the responsibility of students to apply for sponsorship, the College only facilitates the process of established sponsorship.

2. **Application fee (non-refundable) for:**

- Lesotho citizens : M350.00
- Non-Lesotho citizens: M500.00

3. All fees are subject to 10% inflation annually

4. **FILLING IN OF THIS APPLICATION FORM DOES NOT GUARANTEE ADMISSION.**

5. **DOCUMENTS TO BE ATTACHED:**

- Certified copies of transcripts and certificates
- Three reference letters from: last Nursing College attended; any person and not a relative who have known the applicant for 2 years or more and; parish priest or pastor
- Marriage certificate (if married)
- Passport or ID (not Independent Electoral Commission ID)
- Bank deposit slip as proof of payment

6. **FILLED APPLICATION FORMS SHOULD BE SUBMITTED ON OR BEFORE 09/06/2023 NOT LATER THAN 12H00**

7. **FAILURE TO BRING ANY OF THE REQUIRED DOCUMENTS WILL LEAD TO NON-CONSIDERATION OF THE APPLICATION**

8. **All deposits should be made at Nedbank Lesotho.**

**BANK DETAILS: Name of Account: Roma College of Nursing**

**Type of Account : Current Account**

**Account Number : 71000001354**

**EFT**

**Point of Sale Machine (Swipe)**

**MPESA (80707)**

9. **ACCOMMODATION**

**Do you wish to reside at the College Campus? Yes  No**

**If yes, state the reason why you need to stay on-campus.**