



Roma College of Nursing

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Lesotho

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Attach a recent
coloured passport
size photo here

APPLICATION FORM FOR GENERAL NURSING PROGRAMME

FOR OFFICE USE ONLY

Application to study in 2023/24 Academic Year

YOUR REFERENCE NO.: 2023/____ Amount paid: _____

Receipt No.: _____ Date: _____

Checked by: _____

DOCUMENTS TO BE ATTACHED:

- 1) *Certified copies of transcripts and certificates (COSC or LGCSE or Nursing Assistants academic records)*
- 2) *Three reference letters from: last school attended; any person but not a relative who have known the applicant for 2 years or more and; parish priest or pastor*
- 3) *Marriage certificate (if married)*
- 4) *Passport or National ID (**NOT** Independent Electoral Commission ID)*
- 5) *Bank deposit slip as proof of payment*
- 6) *NMDS loan settlement proof if applicable*

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

IMPORTANT:

Read carefully before completing this form. This application will **NOT** be processed unless you:

- meet entry requirements
- completely fill and sign the application form
- pay application fee.

[PLEASE FILL IN THE APPLICATION FORM IN BLOCK LETTERS]

ENTRY REQUIREMENTS: -

A minimum of six (6) subjects with the following:

A. COSC Holder

- D or better in English Language
- D or better in Mathematics
- Credit (C or above) in any Science Subject i.e. Physics and Chemistry or Biology
- Credit in any other three (3) subjects

B. LGCSE Holder

- D or above in English Language
- D or better Mathematics
- C or above in any Science Subject i.e. Physics and Chemistry or Biology
- C and above in any other three (3) subjects

C. TNA Certificate Holder:

- Pass with distinction or merit
- Pass with credit or pass with two (2) years working experience and a valid licence to practice.

WHENEVER APPLICABLE, USE “X or √” 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.....

SECTION 2: Personal Details

Surname:																												
First Names:																												
Maiden Names:																												
Date of Birth:	Y	Y	Y	Y		M	M		D	D	Gender:	M	F															
Nationality:						Home Language:																						
Country:																												
Religious Denomination (Specify):																												
Passport/ID Number:																												
Marital Status:	Single				Married				Widowed				Divorced															
Present Activity:	Student				Employed				Other: (specify)																			
Correspondence Address:																												
Contact No/s:																												

SECTION 3: Additional Information

Guarantour (Next of kin) Surname:

Other Names:

Relationship: ☐ Father ☐ Mother ☐ Guardian
☐ Spouse ☐ Other(specify) _____

Title:	Mr.	Ms.	Mrs.	Occupation:
Residential Address:				Contact No.:
				Home:
				Work:
				Cell:
Postal Code:				Dialling Code:

SECTION 4: Health Status

Do you have any chronic illness(es)?

Yes	No
-----	----

If yes give details -----

Do you have any disability?

Yes	No
-----	----

If yes Give details-----

Do you have any allergies?

Yes	No
-----	----

If yes Give details-----

State food that you do not eat: -----

SECTION 5: High School Examination Details

Examining Authority:

☐ COSC ☐ IGCSE
☐ MATRICULATION ☐ LGCE ☐ OTHER (specify):

Details of School where you will Complete (or have completed) your final year of High School

Name:	
Town:	
Country:	
Year of completion:	

SUBJECTS: Please fill in all your subjects and the results where available. Attach certified copies of symbols/certificate and passport (*include your Reference Number on all submitted documents*)

SUBJECTS	SYMBOLS	OFFICE USE ONLY
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Bring verification of symbols/results obtained from ECOL or an equivalent authority.

SECTION 6: Additional academic qualification

Name of qualification	
Institution where it was obtained	
Country	
Year of completion	

SECTION 7: Sponsorship (State the name of your potential sponsor).

How do you intent to pay for your learning?

<input type="checkbox"/>	NMDS
<input type="checkbox"/>	Self
<input type="checkbox"/>	Other (specify)

State your previous sponsor_____

If you were sponsored by NMDS, provide your financial status

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 2023/2024 total = M46,587.00

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 sponsorships.*
2. **Application fee (non-refundable) for:**
 - Lesotho citizens : M300.00 plus M30.00 bank charge (total =M330.00)
 - Non-Lesotho citizens: M420.00 plus M30.00 bank charge (total =M450.00)
3. *All fees are subject to 10% inflation annually*
4. *All bank deposits attract M30.00 bank charge*
5. **FILLING IN OF THIS APPLICATION FORM DOES NOT GUARANTEE ADMISSION.**
6. **FILLED APPLICATION FORMS SHOULD BE SUBMITTED TO ROMA COLLEGE OF NURSING MAIN OFFICE ON OR BEFORE 09/03/2023 NOT LATER THAN 12H00**
7. **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

OR

EFT

Point of Sale Machine (Swipe)

MPESA (80707)

8. ACCOMMODATION

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

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

PLEASE NOTE: ACCOMMODATION IS LIMITED.