



FLOSAM INSTITUTE OF NURSING, MIDWIFERY & ALLIED HEALTH SCIENCES

P.O. BOX 44, Suhum. Eastern

Region

Email: flosaminstitute@gmail.com



**FLOSAM INSTITUTE OF
NURSING, MIDWIFERY &
ALLIED HEALTH SCIENCES**

P.O. BOX 44, Suhum. Eastern Region, Tel:(+233 20 408 1163 +233 55 221 7309 +233244477116)
Email:flosaminstitute@gmail.com

Application Form

Serial Number:

Paste two
endorsed
Passport pictures
here

A. PARTICULARS OF APPLICANTS

Title:

Surname:

First Name:

Middle Name:

Religion:

Indicate any Physical Disability:

Marital Status:

Number of Children:

Gender: Female Male

Date of Birth:

Languages Spoken:

Nationality:

Hometown:

Region:

Academic Qualifications – Examinations pending complete this section **ONLY** if you are awaiting the results of any examination taken recently.

Examination Date	Awarding Institute	Subjects	Qualification

B. APPLICANT'S ADDRESS

Mobile Number:

Email Address:

Contact Address:

WhatsApp Number:

PROGRAMS :

Diploma in Public Health Nursing

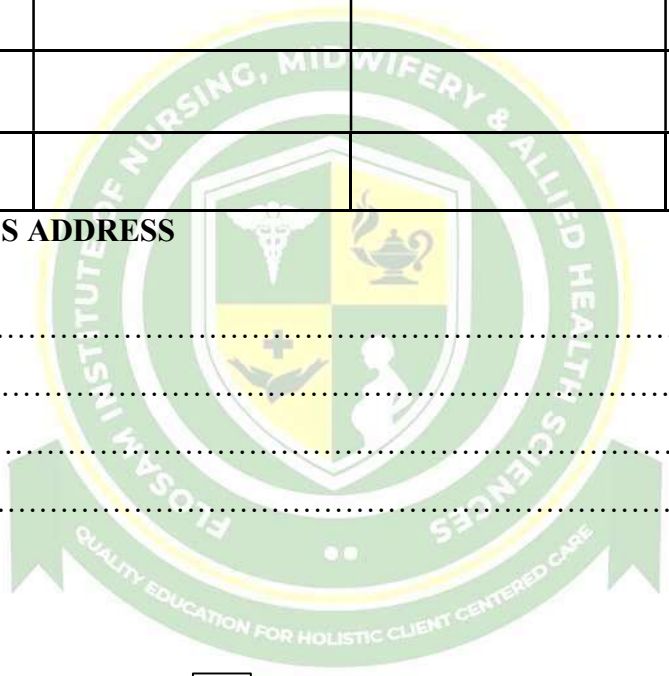
Bachelor of Science in Nutrition

Bachelor of Science in Public Health Nursing

Access Program

Certificate in Home Based Healthcare

Certificate in Healthcare Administration and Management



MODE OF STUDY

Online Distance Learning Full Time

Sandwich Evening School Weekend Class

C. PARTICULARS OF PARENT/GUARDIAN

Name:
 Telephone Number / WhatsApp Number:
 Occupation: Address:
 Relationship to the Applicant: Email Address:

FINANCE AND FEE STATUS

Indicate who will paying for your fees?

Self Employer Scholarship specify
 Parents Siblings Spouse
 Need a financial assist? Indicate your reasons

D. PREVIOUS EDUCATION

School(s) Attended	Attendance From - To	Position Held

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How did you hear about the Institute?

Website

Recommendation (Family/Friends)

Colleagues

Advertising, please specify

Others, please specify

E. SUBJECTS, EXAMINATION RESULTS AND GRADES (WASSCE RESULT) 1ST

SITTING

Year:

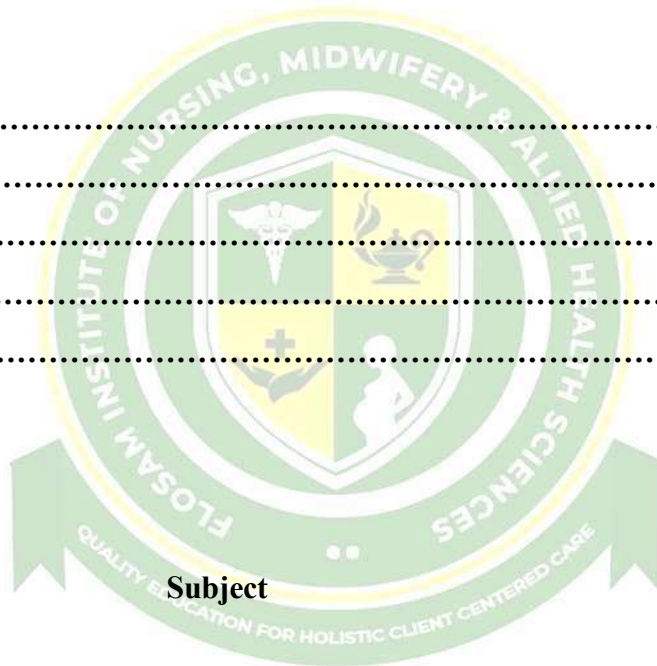
Month:

Index No:

Name:

Centre:

CORE SUBJECTS



Subject

Grade

Social Studies

English Language

Mathematics (Core)

Integrated Science

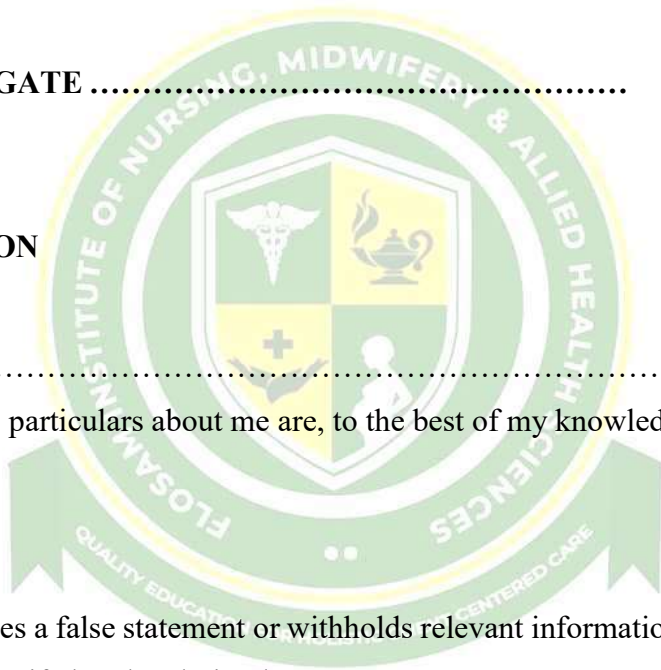
ELECTIVE SUBJECTS

Subject	Grade

OVERALL AGGREGATE

F. DECLARATION

I
hereby declare that the particulars about me are, to the best of my knowledge, correct.



IMPORTANT:

An applicant who makes a false statement or withholds relevant information may be refused admission or withdrawn if already admitted.

Signature of Applicant: **Date:**

DECLARATION:

This portion should be signed by someone of high repute who is expected to know the applicant officially/personally. The application will not be valid if the declaration below is not signed.

I certify that the photograph endorsed by me is the true likeness of the applicant.

Mr./Miss/Mrs.....is

officially/personally known to me. I have inspected his/her certificate(s) and I am satisfied that they are genuine and the name that appears on them is the same as that by which he/she is officially/personally known to me.

Name.....

Status.....

Address.....

Signature: **Date:**

NOTE: Each applicant is required to provide two copies of this form and attach his/her results slip(s), birth certificate, baptismal certificate and any other documents deem important and submit to the Administrator/Secretary at the College OR through post (EMS).

Health Workers must attach their professional certificates and transcripts.

COMPLETED APPLICATION FORMS SHOULD BE SUBMITTED AT THE COLLEGE BY:

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