

McCORD HOSPITAL SCHOOL OF NURSING

ENROLMENT FORM FOR ENROLLED NURSE COURSE (2 YEARS) - (CENTRALISED)

PERSONAL PARTICULARS

Title (Mr/Mrs/Miss) :.....Initials:.....Surname:.....

First Name(s) :.....

Identity Number:.....Contact Number (home) :.....

Cellphone:.....Residential Address (Physical):.....

.....Code.....

Postal Address:.....Code.....

Religion (For cultural preferences) :.....

Name of Last School Attended:.....

Highest Standard Passed:.....

| SUBJECTS AND SYMBOLS | | | OFFICE USE |
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NB: This application form should be returned with clear certified copies of: **Identity Document, Matric Certificate and Marriage Certificate (if applicable)**

TUITION FEES

- Fees are subject to inflation - phone our office 031-268 5720 for further information.

- Tuition fees are deposited into this account:

Bank: Standard Bank
Name of Account: McCord Hospital Special Projects
Musgrave Branch Code: 042626
Account Number: 051254379

Signature:.....Date:.....

PARTICULARS FOR THE PERSON(S) RESPONSIBLE FOR FEES

Title (Mr/Mrs/Miss) :.....Initials:.....Surname:.....

First Name(s) :.....

Identity Number:.....

Contact Number (*work*) :.....Extension.....

Contact Number (*home*) :.....Cellphone:.....

Residential Address (Physical) :.....

.....Code.....

Postal Address:.....Code.....

Relationship:.....

Employer:.....Occupation:.....

Work Address:.....

.....Code.....

Department:.....

Signature:.....Date:.....