



LUTHERAN SCHOOL OF NURSING, MADANG

P.O. Box 2099 Madang, Papua New Guinea
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**X 2 Current ID
Photos
Passport Sized
(Attach here)**

2023 INTAKES – NON-SCHOOL LEAVER APPLICATION FORM

App No.: _____

DIPLOMA OF GENERAL NURSING

Please tick : Non School Leaver (Gr12/Matriculated) Community Health Worker

PART 1: PERSONAL INFORMATION:

Surname: _____ Given Name: _____

Gender: Male Female Date of Birth (dd/mm/yy): _____ Age: _____

Religion: _____ Marital Status: Married Single

(If Married please fill in the blanks on the next line: Please note that if you are a single parent you should also indicate the age of your last child. This information is just for our records.

Spouse's Name (If Married): _____ No. of Children: _____ Age of Last Child: _____

Father's Name: _____ Mother's Name: _____

Guardians' Name (If not living with Biological parents): _____

Place of Origin

Village/Town: _____ LLG _____

Home District: _____ Home Province: _____

Residential Address (Now Living)

Postal Address: _____

District of Residence: _____ Province of Residence: _____

Mobile No. 1: _____ Phone (Landline No): _____ Fax: _____

Mobile No. 2: _____ E-mail: _____

Employer Address if currently working (**CHW Only**) _____

Name of Facility: _____ Location: _____

In case of Emergency - Please contact:

(It is very important that you fill in all the lines below where necessary).

Name: _____ (Relationship to you) _____

Contact details: Office Phone Number (if working): _____ Mobile No. 1: _____

Mobile No. 2: _____ Email address: _____

PART 2: LEVELS OF EDUCATION & QUALIFICATIONS OBTAINED

GRADE 10 CERTIFICATE

SCHOOL ATTENDED	PROVINCE	YEAR COMPLETED	CERTIFICATE NO				
SUBJECT	English	Mathematics	Personal Development	Science	Social Science	Business Studies	Agriculture
RESULTS							

GRADE 12 CERTIFICATE

SCHOOL ATTENDED	PROVINCE	YEAR COMPLETED	CERTIFICATE NO:				
CORE SUBJECTS					Indicate if others		
SUBJECT	English	Adv. Maths/ Gen. Math	Biology	Chemistry	Physics	Applied Science	
RESULTS							

TERTIARY EDUCATION

Have you been selected to a tertiary institution after completing Grade 12? Yes No. If yes, please complete the table below:

NAME OF THE INSTITUTION	COURSE NAME	YEAR ENROLLED	YEAR GRADUATED	If you did not complete the course, please explain

MATRICULATION

Name of Matriculation/Uni/FODE Centre (e.g. PIMS)	PROVINCE	YEAR COMPLETED	CERTIFICATE NO.			
Subjects Upgraded	English	Maths1	Maths 2	Biology	Chemistry	
Results						

COMMUNITY HEALTH WORKER TRAINING SCHOOL (CHW TS) CERTIFICATE

SCHOOL ATTENDED	PROVINCE	YEAR COMPLETED	CHW CERTIFICATE NO:	MEDICAL BOARD REGISTRATION NUMBER

PART 3: PAST WORK EXPERIENCE (if any).

Organisation	Position	Duration	Responsibilities

PART 4: REQUIREMENTS: Please tick off if ONLY you have attached the following:

- Two Certified Copies of Current Passport Size Photos (Must certified by the Commissioner of Oaths or Magistrate at the Court House)
 - An updated CV of no more than 2 pages
 - Hand written essay of 500 words approximately one page about you and your family why you want to become a nurse and must be signed by you at the end of the essay. (*Attached is the A4 sheet to write on*)
 - If married: Certified copy of Marriage certificate and consent letter from husband or wife and your last child must be 2 years and above.
 - Certified Copies of Grade 10, 12 and Matriculation Certificates and Transcript, if up-graded
 - Academic performance reference from your School Principal, PIMS, FODE or University Open Campuses (DODL, UPNG, DWU)
 - Character reference from Pastor/ Priest or a recognised member of the community
 - Certified Academic performance transcript from CHW School
 - Work performance reference from DNS, H/Secretaries, Programme Manager/ Advisor (CHW Only)
 - A release letter from your current employer if applicable (CHW Only)
- A *Non-refundable* Administration fee of K100.00 must accompany the Application Form. This fee should be paid into the following Bank Accounts listed below and receipt attached to this application:

Account Name	Bank	Branch	Account Number	Account Type
Lutheran School of Nursing	BSP	Madang	1000433837	Cheque
LSO Canteen	Kina Bank	Madang	0014 787 230	Cheque

NOTE If you are doing Mobile Banking through SMS, please ensure that you take the screenshot of the of the Banking reference and email it with the application form

PLEASE TAKE NOTE:

1. Only COMPLETED APPLICATION forms will be considered for screening.
2. The Closing date for submitting the completed application form is July 31, 2022 at 12:00midnight.
3. Return this form to: The Registrar,
Lutheran School of Nursing,
PO Box 2099, MADANG 511, Madang Province
4. We also encourage you to email your application forms and required documents to this email address:
nslapplication@lson.ac.pg or registrar@lson.ac.pg
5. All documents that require certification must be sighted, signed and stamped by a Commissioner of Oaths or the Magistrate at the Court House. Failure to have your documents certified before sending them here will result in your Application being rejected. If you do not receive any feedback than your Application is unsuccessful.
6. Please note that if you are successful, you will be asked to present your original Gr 10, Gr12 and
7. CHW/Registration certificate upon Registration.
8. Please indicate by ticking the box below the number of times you have applied for studies at Lutheran SON.
1. First Time 2. More than once 3. More than three 4. More than five

DECLARATION:

I (Applicant's Full Name) _____ declare that ALL information provided in this Application Form is **ACCURATE**.

Applicant's Signature: _____ Date: _____

