



# 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)

## APPLICATION FORM FOR 2023 INTAKE

**BACHELOR OF MIDWIFERY PROGRAM**

**Application No:** \_\_\_\_\_

*Please consider this before you can apply:*

- 1. You must at least have six months or more of clinical experience in in Obstetrics and gynaecology*
- 2. Currently registered with the Nursing Council and holds a full license to practice as a nurse.*
- 3. Must be less than forty five (45) years of age.*
- 4. Your last child must be two years and over by the time you come for study.*
- 5. You must have Basic computer skills in Microsoft Word, Excel and PowerPoint and can be able to use internet.*
- 6. Must be able to communicate well in English, both written and verbal*

### **PART 1: PERSONAL INFORMATION:**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Spouse's Name if married: \_\_\_\_\_

Spouse Occupation: \_\_\_\_\_

No. of Children: \_\_\_\_\_ Age of last child: \_\_\_\_\_

### **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 \_\_\_\_\_

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: EDUCATIONAL QUALIFICATIONS / LEVELS REACHED:**

EDUCATION LEVEL	INSTITUTION	YEAR COMPLETED	CERTIFICATE NO
Grade Ten (10)			
Grade Twelve (12)			
Matriculation Studies (If any)			
General Nurse Training (Please indicate Registration No.)			
POST BASIC Training			
<b>Additional Qualification (Beginning with the Current)</b>			
1.			
2.			
3.			

**PART 3: WORK EXPERIENCE (Beginning with Current):**

Organisation	Facility Attached To	Duration	Main Duties / Responsibilities


**PART 4: REQUIRED APPLICATION DOCUMENTS CHECK LIST**

**Please tick off  ONLY if you have attached the following:**

- Two Certified Copies of Current Passport Size Photos.
- 1000 Words Hand Written Essay about your current job and why you want to become a Midwife
- Certified copy of Marriage certificate (If married)
- A letter of consent from spouse agreeing with you to come for study (if married)
- Certified Copies of ALL credentials and Nursing Council Registration License
- Work performance reference from current employer must be stamped and signed.
- Character Reference from Pastor/Priest/ or other recognised member of the community.
- A character reference from your LLG Member must be stamped and signed. (This reference will be attached to your portfolio and sent to the Nursing Council at the completion of your studies).
- Release letter from your Health Advisor, Church Health Secretary or DNS
- Attach a recent medical certificate not more than six months old.
- 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

**PLEASE TAKE NOTE:**

1. Only COMPLETED APPLICATION forms will be considered for screening.
2. The Application must be returned by July 31, 2022.
3. All applications must be emailed to: [registrar@lson.ac.pg](mailto:registrar@lson.ac.pg) or [nslapplication@lson.ac.pg](mailto:nslapplication@lson.ac.pg)
4. OR, Return this form to: **The Registrar,  
Lutheran School of Nursing,  
PO Box 2099, MADANG 511, Madang Province**
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 certificates including Nursing Registration License during registration.

**PART 5: SPONSORSHIP**

Please indicate with a tick  if you have applied for Australia Awards In- Country Scholarship  
Yes  No

**If NO, Please indicate your sponsors information below.**

Sponsor's Name: \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_



