



**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			
Additional Qualification (Beginning with the Current)			
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
LSON 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 or 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: _____

