



Ministry of Health
Republic of Seychelles

ACCESS PROGRAMME APPLICATION FOR (1-year Duration)

The programme has been designed to take into account the need for a holistic approach in preparing learners to make informed and reasonable choices as to their preferred professional pathways in health as well as providing a solid foundation in terms of subject knowledge.

Target Group

The programme will be offered to S5 leavers and mature applicants (in or out of service) with a proven interest to pursue a career in health.

Note: Progression from semester 1 to semester 2 requires a minimum pass mark of 55% in the Maths, Sciences, and Language courses offered in semester 1.

APPLICATION CHECKLIST

<i>Application Form duly filled</i>	
<i>Copy of Identity Card</i>	
<i>Copy of Birth Certificate</i>	
<i>Copies of end of Secondary School level certificates (e.g. GCE, IGCSE, O level, National Examination, A Level and any other relevant academic certificate)</i>	
<i>Copies of end of Secondary School level transcript (e.g. GCE, IGCSE, O level, National Examination, A Level and any other relevant academic transcript)</i>	

ORIGINAL CERTIFICATES SHOULD NOT BE SENT WITH THE APPLICATION FORM

For official Use Only

<i>Reference Number</i>	
<i>Received on/ by</i>	
<i>Interview Date</i>	
<i>Interview Outcome</i>	

PERSONAL INFORMATION																																									
Your family name and other names should be the same as the official names on your ID card																																									
First Name(s) <i>(in BLOCK letters)</i>	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
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<p>Do you suffer from any illness that might affect your ability to participate in the proposed study programme (e.g. epilepsy, asthma, diabetes, significant visual impairment, motor disability, or significant hearing loss, etc.)?</p> <p>A 'YES' answer will not affect your chances of studying at NIHSS.</p>		<input type="checkbox"/> YES <input type="checkbox"/> NO																																							
If you have answered 'YES', provide brief details of the illness and any special requirements or support you may require to complete your programme of study on a separate sheet of paper. Please attach a copy of your doctor's assessment of your needs.																																									

YOUR CONTACT DETAILS																																									
Please provide an address at which the outcome of this application can be communicated to you.																																									
Full Address; Sub-district District <i>(in BLOCK letters)</i>	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
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FURTHER TRAINING

Upon completion of the ACCESS programme, you will be expected to choose from the list of training programmes that will be on offer in 2024. Which of the following reflects your personal choices(s) at present?

Please indicate using number (1, 2, or 3) the programme(s) which reflects your 1st Choice, 2nd Choice, and 3rd Choice.

Programmes	Choice (s)
Diploma in Nursing	
Diploma in Pharmaceutical Sciences	
Diploma in Environmental Health Sciences	
Diploma in Biomedical Laboratory Sciences	
Diploma in Dental Hygiene	
Diploma in Physiotherapy	
Diploma in Occupational Therapy	
Diploma in Emergency Medical Care	
Diploma in Nutrition	
Advanced Certificate Oral Health Care	
Certificate in Health Care	

Please note:

- You will need to meet the criteria for progression if you are to be successfully enrolled in the programme of your choice.
- Your choices at this point will be used for counseling and support purposes only. It is expected that these may change before you complete the programme.

REFEREES (compulsory)
Referees should not be any relatives

Name: _____

Name: _____

Position: _____

Position: _____

Place of Work: _____

Place of Work: _____

Contact details: _____

Contact details: _____

DECLARATION BY THE APPLICANT (must be completed and signed by the applicant)

I _____ (full name), the undersigned, declare that the particulars in this application are true and accurate, and that I have not willfully suppressed any material fact.

Date : _____

Signature: _____

For any clarification Contact Us:
Registrar at NIHSS Mrs. Renaud Tel: 4 399440 or email registrar.nihss@health.gov.sc