National Institute of Health and Social Studies	Document No: NIHF43
APPLICATION FORM	Revision No.: 0 Effective Date: JULY 2024

APPLICATION CHECKLIST (All applicants must fully complete the form and submit a copy of the following)		***For Official Use Only***	
Application Form duly filled		Reference Number	
Copy of National Identity Card		Received on/ by	
Copy of Birth Certificate		Interview Date	
Copies of academic certificate		Application Outcome	

REGISTRATION DETAILS

Programme/course applying for				
How did you learn about the programme?	Newsletter		Social Media (Facebook, Instagram)	
	Word of mouth		Others	

PERSONAL INFORMATION

Your family name and other names should be the same as the official names on your ID card

First Name(s) *(in BLOCK letters)*				
Family Name (Surname) *(in BLOCK letters)*				
Gender	MALE		**Date of Birth** *(dd/mm/yyyy)*	
	FEMALE			
National Identity Number (N.I.N)	- - -			
Full Address; Sub-district, District				
Mobile and other Phone Numbers	+		+	
Email Address				

DETAILS OF ACADEMIC QUALIFICATION

State qualification obtained at the end of Secondary School Level and the Awarding Body

SUBJECTS	GRADES/MARKS	IGCSE/ GCE/ O level/ National Examination etc

HIGHEST CERTIFICATES OBTAINED (if applicable)				
	Certificates obtained (title of certificate):	Organisation/Institute/School:	Date Started	Date Completed
1.				
2.				

CURRENT STATUS (tick and answer accordingly)					
Completed S5:		Employed:		Unemployed:	
Currently studying:		Self-Employed:			

REASON(S) FOR APPLYING (compulsory)
Briefly explain why you have applied for 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 Tel: 4 399440 or email registrar.nihss@health.gov.sc