

ANGLICAN UNIVERSITY COLLEGE OF TECHNOLOGY

College of Agriculture and Life Sciences, Nkoranza Campus, P.O. Box 78, Nkoranza, Brong Ahafo, Ghana

APPLICATION FOR ADMISSION INTO ACCESS COURSE

Please complete this form in duplicate with the required attachments and return to the address stated at the bottom of this form (see page 2).

ATTACHMENTS REQUIRED

Please include photocopies of the following documents.

- 1. Nursing and Midwifery Council certificate (2 copies)
- 2. Ghana Health Service/CHAG appointment letter (2 copies)
- 3. Two passport-size photograph (attach on the application forms)

PERSONAL INFORMATION OF APPLICANT (IN BLOCK LETTERS)

i.	Surname
ii.	First name
iii.	Other names
iv.	Gender male [] female []
v.	Nationality
vi.	Date of birth
vii.	Home town.
viii.	Region
ix.	Facility where applicant is working
х.	Postal address
xi.	E-mail address
xii.	Phone number/s

PROFESSIO	ONAL DETAILS OF APPLICANT
i.	Type of certificate
ii.	Training institution
iii.	Year of entry
iv.	Year of completion
v.	Date of appointment
vi.	Number of years of service after school
vii.	NMC registration number
CHOICE O	F PROGRAMME OF STUDY
i.	Bachelor of Science (General Nursing) []
ii.	Diploma in Midwifery []
	ΓΙΟΝ BY APPLICANT
I hereby decl	are that the information provided is true and correct and will be personally responsible stherein.
Applicant's	Signature Date
your choice a Bank accou	a payment order for one hundred Ghana Cedis (GHC 100.00) from any local bank of as application fee (non-refundable). Alternatively you can pay into the university's GCB and number 1011130039698, High Street Branch, Accra and submit the pay-in order with the required documents.
Return appl	ication form personally with attachments and payment order/pay-in slip to:
ANG	ICE OF THE REGISTRAR LICAN UNIVERSITY COLLEGE OF TECHNOLOGY BOX 78, NKORANZA, B/A – GHANA