

# SCHOOL OF POST BASIC NURSING

UNIVERSITY OF ILORIN TEACHING HOSPITAL  
P.M.B 1459, ILORIN, KWARA STATE.



## APPLICATION FOR ADMISSION INTO

**PAEDIATRICS, ACCIDENT & EMERGENCY AND  
NEPHROLOGY NURSING PROGRAMMES  
2017/2018 SESSION**

*Affix 2 recent  
Passport  
Photographs*

**UITH/SPBN NO.** \_\_\_\_\_

*Please complete this Form in Duplicate: attach separate sheet for Additional Information.*

### APPLICATION FOR ADMISSION INTO

Paediatrics   
  Accident & Emergency Programme   
  Nephrology Nursing

*(Please tick as appropriate)*

1. **NAME IN FULL**.....  

(Surname First)
2. **SEX**.....**MARITAL STATUS**.....**MAIDEN NAME**.....
3. **DATE OF BIRTH**..... **STATE OF ORIGIN**.....
4. **CONTACT ADDRESS**.....  
.....**TELEPHONE NO**.....
5. **PERMANENT HOME ADDRESS**.....
6. **NAME, ADDRESS & TELEPHONE NO OF NEXT OF KIN AND**.....  
**RELATIONSHIP**.....
7. **NAME & ADDRESS OF EMPLOYER**.....
8. **PRESENT POST, DATE AND SALARY GRADE**.....  
.....
9. **EDUCATIONAL QUALIFICATION**.....  
.....
10. **DETAILS OF PROFESSIONAL TRAINING:**

Training Institution	Dates		Certificate Obtained with Dates	Reg. No.
	From	To		

**11. PROFESSIONAL EXPERIENCE (Starting with Present Posting)**

Nature of Clinical Experience	Name of Hospital	Unit	From	To

**12. (a) NAME & ADDRESS OF SPONSORING AGENCY/ORGANISATION**

.....  
 .....

**(b) NAME AND SIGNATURE OF SPONSORING AUTHORITY AND STAMP**

.....  
 .....

**13. NAME & ADDRESS OF TWO REFEREES. One of who should be a Principal Nursing Officer whom Candidate has worked with:**

**(a)** .....  
 .....

**(b)** .....  
 .....

*Candidates should request their referees to send references direct to the Chairman Medical Advisory Committee, U.I.T.H.Ilorin, before the closing date for receipt of applications.*

*(For further enquiries contact 08030656225 or 08033901960)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant's Signature*

**FOR OFFICE USE ONLY**

**Applicant's Fee paid on Receipt No.....**

**Student's Applicant Number.....**

**Interview Comments.....**

*Signature..... Date.....*