

SCHOOL OF POST BASIC NURSING

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



APPLICATION FOR ADMISSION INTO

PAEDIATRICS NURSING PROGRAMMES
2018/2019 SESSION

*Affix 2 recent
Passport
Photographs*

UITH/SPBN NO. _____

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

PAEDIATRICS NURSING FORM

(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.....