

ANGLICAN UNIVERSITY COLLEGE OF TECHNOLOGY

Nkoranza Campus, P.O. Box 78, Nkoranza, Brong East, Ghana

APPLICATION FOR ADMISSION INTO ACCESS PROGRAMME

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)
- 4. Two copies of birth certificate

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 []
DECLARA'	FION BY APPLICANT lare that the information provided is true and correct and will be personally responsible stherein.
Please make your choice	Signature
slip/paymen Return appl OFF ANG	t order with the required documents. lication form personally with attachments and payment order/pay-in slip to: ICE OF THE REGISTRAR LICAN UNIVERSITY COLLEGE OF TECHNOLOGY DRANZA CAMPUS
	BOX 78, NKORANZA, BONO EAST REGION – GHANA