

FOR OFFICE USE ONLY

Date of interview: _____, _____

Other: _____

ADVENTIST COLLEGE OF NURSING & HEALTH SCIENCES, PENANG

Approved by *Jabatan Pendidikan Swasta, Kementerian Pengajian Tinggi, Malaysia*

- No. Sijil Perakuan Pendaftaran: **DK191(P)**

APPLICATION FOR NURSE-TRAINING COURSE

PROGRAM: DIPLOMA IN NURSING <i>R2/T23/4/0116(10/24)MQA/FA8363</i>	Do you wish to obtain scholarship for this program: YES <input type="checkbox"/> NO <input type="checkbox"/>
I have completed: SPM/STPM <input type="checkbox"/> Assistant Nurse <input type="checkbox"/>	<i>If YES, specify Sponsoring Organization:</i> _____
<i>Tick (✓) whichever is applicable.</i>	

Please write in BLOCK LETTERS.

Name (according to I.C.): _____

NRIC No.: (New) _____ (Old) _____

Date of Birth: _____ Place of Birth: _____

Age: ____ Sex: _____ Weight: ____ kg. Height: ____ cm.

Marital Status: _____ Race: _____ Citizenship: _____ Religion: _____

Language(s): Written: _____ Spoken: _____

Home Address: _____

Postal Address: _____

Tel. No.: (House) _____ (Office) _____ (H/Phone) _____

Fax No: _____ E-mail Address: _____

ACADEMIC QUALIFICATIONS:

SPM Results : School: _____

Subject	Grade	Subject	Grade	Subject	Grade
Bahasa Melayu		Biology			
Bahasa Inggeris		Physic			
Mathematics		Chemistry			
General Sciences		Add. Mathematics			
History					

STPM Results: School: _____

Subject	Grade	Subject	Grade

MEDICAL HISTORY: Any hospitalization before? YES / NO
If yes, specify illness: _____

Other health problem / physical handicap? YES / NO
If yes, specify illness: _____

PREVIOUS EMPLOYMENT / WORKING EXPERIENCES:

Name and address of former / present employer:

_____ Tel. No.: _____
What position: _____ From: _____ To: _____

Nature of work: _____

PARTICULARS OF PARENTS/ GUARDIAN/ SPOUSE:

**Complete all required information*

*Father's / Guardian's Name: _____ Age: _____

*Citizenship: _____ Race: _____ Occupation: _____

*Address where father/guardian works: _____

_____ Office Tel. No.: _____ *H/P No: _____

*Father: Alive: _____ Dead: _____ Cause of death: _____

Relationship with guardian (if under guardianship): _____

*Mother's Name: _____ Age: _____

*Citizenship: _____ Race: _____ Occupation: _____

Address where mother works: _____

_____ Office Tel. No.: _____ *H/P No: _____

*Mother: Alive: _____ Dead: _____ Cause of death: _____

Husband's / Wife's Name: _____ Age: _____

Citizenship: _____ Race: _____ Occupation: _____

Address where husband/wife works: _____

Office Tel. No. _____ H/P No: _____

No. of Children: _____

IN CASE OF EMERGENCY, CONTACT

Name: _____ Relationship: _____ Tel. No: _____

Address: _____

POSSIBLE GUARANTORS:

1. Name: _____	2. Name: _____
Address: _____	Address: _____
_____	_____
Tel. No. _____	Tel. No. _____
Occupation: _____	Occupation: _____
Relationship to applicant: _____	Relationship to applicant: _____

Have you applied to our college before: YES / NO
If “YES”, state which year(s) : _____

Have you ever entered into any medical, nursing and or allied health sciences program before: Yes / No
If “YES”, state the name of the institution, program and year of admission. _____

DECLARATION:

- I hereby declare that the information given in this application form is true and given to the best of my knowledge.
- Any false information discovered subsequent to my admission into the college would render me liable for dismissal with repayment for any liability incurred.
- I agreed that, if I am accepted, I shall abide by the rules and regulations set by the Adventist College of Nursing and Health Sciences.

Date: _____
Signature of applicant

Please attach certified copies of the following documents:

- SPM / STPM Certificate
- SPM Oral Malay & Oral English Certificates
- Form V / VI School-Leaving Certificate
- Form V/ VI School Testimonial Certificate
- I.C.
- Birth Certificate
- Baptism Certificate (for SDA only)
- Application Fee: RM20 (not refundable)

Other related documents (if applicable): <input type="checkbox"/> Assistant Nurse Certificate/ <input type="checkbox"/> Community Nurse Certificate <input type="checkbox"/> MNB Registration <input type="checkbox"/> Current Annual Practicing Certificate <input type="checkbox"/> Letter indicated minimum three(3) years clinical working experience

You may pay by Cash or Cheque/Bank Draft/Banker’s Cheque to “PREMIER ADVENTIST HOLDINGS SDN. BHD.”. Your application will only be process upon payment of the processing fee.

Please **DO NOT** send irrelevant certificate(s) or document(s). Irrelevant certificate(s) will not be considered. Your application will be processed only once the application fee is submitted. Only shortlisted candidates will be notified.

Application to be sent to: **The Registrar**
Adventist College of Nursing and Health Sciences
465, Jalan Burma,
10350 Penang

For further enquiries, please call: **04 – 226 1566 or 222 7576 / 7596 Fax: 04 - 2270566**
website: www.acnhs.edu.my
Or e-mail: acn@acnhs.edu.my