

**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**

<b>PROGRAM: DIPLOMA IN NURSING</b> <i>R2/T23/4/0116(10/24)MQA/FA8363</i>	<b>Do you wish to obtain scholarship for this program:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>I have completed:</b> 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: \_\_\_\_ Gender: \_\_\_\_\_ Weight: \_\_\_\_ kg. Height: \_\_\_\_ cm.

Marital Status: \_\_\_\_\_ Race: \_\_\_\_\_ Nationality: \_\_\_\_\_ 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: \_\_\_\_\_

\*Nationality: \_\_\_\_\_ 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: \_\_\_\_\_

\*Nationality: \_\_\_\_\_ Race: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address where mother works: \_\_\_\_\_

Office Tel. No.: \_\_\_\_\_ \*H/P No: \_\_\_\_\_

\*Mother: Alive: \_\_\_\_\_ Dead: \_\_\_\_\_ Cause of death: \_\_\_\_\_

Husband's / Wife's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Nationality: \_\_\_\_\_ 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: \_\_\_\_\_

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. \_\_\_\_\_

### USE OF PERSONAL DATA:

I, \_\_\_\_\_ (NRIC: \_\_\_\_\_),  
consent to Adventist College of Nursing and Health Sciences processing my personal data in accordance  
with the Personal Data Protection Notice as listed in <http://www.acnhs.edu.my/personal-data-protection/>

### DECLARATION:

1. I hereby declare that the information given in this application form is true and given to the best of my knowledge.
2. Any false information discovered subsequent to my admission into the college would render me liable for dismissal with repayment for any liability incurred.
3. 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.

\_\_\_\_\_  
Signature of applicant

Date: \_\_\_\_\_

(if you are below 18 years old, your parent / guardian must sign below:)

\_\_\_\_\_  
Name (as in NRIC):  
NRIC:

Date: \_\_\_\_\_

Please attach certified copies of the following documents:

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

Other related documents (if applicable):

1. Assistant Nurse Certificate /
2. Community Nurse Certificate
3. MNB Registration
4. Current Annual Practicing Certificate
5. 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 – 222 7576 / 7596 Fax: 04 - 2270566**  
website: [www.acnhs.edu.my](http://www.acnhs.edu.my) Or e-mail: [acn@acnhs.edu.my](mailto:acn@acnhs.edu.my)