

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: 1. DIPLOMA IN NURSING <input type="checkbox"/> <i>(R/723/4/0116)(MQA/FA8363)/10/19</i> 2. ASSISTANT NURSE CERTIFICATE <input type="checkbox"/> <i>(R/723/3/0115)(MQA/FA8362)/10/19</i>	Do you wish to obtain scholarship for this program: YES <input type="checkbox"/> NO <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: _____

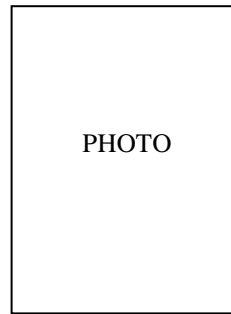
Language(s): Written: _____ Spoken: _____

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		Physic			
Bahasa Inggeris		Chemistry			
Mathematics		Add. Mathematics			
General Sciences					
Biology					

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/ PAUSE:

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: _____

REFERENCES: (Referees must not be related to the applicant .Preferably applicant’s former school teacher or employer)* *References must be filled up and signed by referees.*

1. Name: _____	2. Name: _____
Address : _____	Address: _____
_____	_____
Tel. No. _____	Tel. No. _____
Occupation: _____	Occupation: _____

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:

1. I certify that the information given in this application form is correct.
2. I agreed to the condition that the college has the right to reject this application, to withdraw the offer of admission or to terminate my study if any information given is found to be incorrect.
3. I agreed that, if I am accepted, I shall abide with 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:

1. SPM / STPM (To attach official certificate if already issued by the Ministry of Education)
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. Processing Fee: RM20 (not refundable)

*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** sent irrelevant certificate(s). Irrelevant certificate(s) will not be considered.
We will process your application, once the processing fee is submitted.
Only shortlisted candidates will be notified.

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

For further enquiries, please phone : **04 – 226 1566 Ext 100, 102 Fax: 04 - 2270566**
website: www.acnhs.edu.my
Or e-mail: acn@acnhs.edu.my