



**REPUBLIC OF ZAMBIA
LIVINGSTONE COLLEGE OF NURSING AND MIDWIFERY
APPLICATION FORM FOR ZAMBIA REGISTERED NURSING AND REGISTERED MIDWIFERY PROGRAMMES**

The Head of Institution
Livingstone College of Nursing and Midwifery
P.O Box 60091
LIVINGSTONE

FOR OFFICIAL USE ONLY

CANDIDATE'S APPLICATION NO: _____

Receipt No
Date bought
Received by
Submission Date.....
Application Fee:.....
(Non -refundable)

**APPLICATION FORM FOR ENROLMENT INTO NURSING AND/OR
MIDWIFERY PROGRAMME**

PART A: APPLICANT'S PERSONAL AND CONTACT DETAILS

1. SURNAME: _____ OTHER NAMES: _____

2. DATE OF BIRTH: Day _____ Month _____ Year _____

3. NRC No: _____ / _____ / _____ or PASSPORT NO (for non-Zambians) _____

4. NATIONALITY: _____ 4. SEX _____ M-Male F-Female

5. MARITAL STATUS _____ M-Married U-Unmarried

6. POSTAL ADDRESS: _____

Note: Provide usable postal addresses, which the institution can use for posting acceptance letter. The institution will not be held liable for wrong postal addresses

7. RESIDENTIAL ADDRESS: _____

8. CONTACT NUMBER(S): _____ Email: _____

9. NAME AND ADDRESS OF PARENTS/GUARDIAN/NEXT OF KIN (Delete which is not applicable) _____

CONTACT NUMBER (S) (NEXT OF KIN) _____

10. HIGH SCHOOL ATTENDED & YEAR OF COMPLETION _____

**PART B: ACADEMIC EQUIVALENT) EQUIVALENT) DETAILS
(GRADE (12) TWELVE RESULTS OR ITS EQUIVALENT)**

SNO	SUBJECT	GRADE		SNO	SUBJECT	GRADE
1	ENGLISH			10	NUTRITION	
2	MATHEMATICS			11	COMMERCE	
3	BIOLOGY			12	CHEMISTRY	
4	SCIENCE			13	COMMERCE	
5	GEOGRAPHY			14	PHYSICS	
6	HISTORY			15	PRINCIPLES OF ACCOUNTS	
7	CIVIC EDUCATION				OTHERS	
8	RELIGIOUS EDUCATION			16		
9	AGRIC. SCIENCE			17		

**PART C - PROFESSIONAL QUALIFICATIONS (PRIOR LEARNING), IF APPLICABLE
(COMPLETE TABLE STARTING WITH THE MOST RECENT QUALIFICATION
OBTAINED)**

LEVEL	YEAR		NAME OF COLLEGE / UNIVERSITY ATTENDED	QUALIFICATION OBTAINED	EXAMINING BODY
	FROM	TO			
COLLEGE OR UNIVERSITY					

NOTE: Attach Photocopies of your academic and Professional Certificates and not originals

PART D: AWARDS RECEIVED (PRE-SERVICE CANDIDATES ONLY)

CATEGORY	TICK	YEAR AWARDED	INSTITUTION
Creativity & innovation (E. g JETS, Geography Projects etc.)			
leadership related (E. g Prefects, Head boy/girl, Scripture Union Leader etc.)			
Academic excellence (E. g Best in Mathematics, biology etc.)			
Games (Football, netball, basketball etc.)			
Others (E. g Scripture Union membership and other faith-based activities, dancing troops, Choir, Cadets, Marshal arts, Performing arts etc.)			
None			

NOTE: Attach certified copies of your Testimonial

PART E: PROGRAMMES OF CHOICE IN ORDER OF PRIORITY (Choose from the list below):

(1st choice)

(2nd choice)

LIST OF Pre - SERVICE PROGRAMMES

1. Registered Nursing (3year)
2. Registered Midwifery (Direct) (3 year)
3. Public Health Nursing (3 years)

LIST OF IN-SERVICE PROGRAMME

1. Operation Theatre Nursing (1 year)

PART F: PRE-TRAINING EXPOSURE, IF APPLICABLE (COMPLETE TABLE)

CATEGORY	INSTITUTION / COMMUNITY	REMARKS
Professionally trained and qualified		
Community Health Assistant		
Red Cross, Psychosocial counselling, Peer Educator etc.		
Classified daily employee at health facility		
Community Health Work (E. g TBA, CHW, SMAG etc.)		
Others		
None		

Note: Attach Certified Copies of Certificates for Pre-training exposure e. g introductory letter, where possible

PART G: PHYSICAL OR COMMUNICATION DISABILITIES

1. Do you have any physical or communication disabilities? (Tick where Applicable)

Yes: No:

2. If yes, circle the disability applicable:

a. Vision

b. Mobility

c. Speech

d. Hearing

e. Other (Give details): _____

2. In-service Candidates

- a. Examination Council of Zambia verified copy of *Grade 12 Statement of Results* or certificate
- b. Certified copy of National Registration Card or Passport (Foreign students)
- c. Certified copy of Professional qualification(s)
- d. Certified copy of NMCZ Registration certificate
- e. Certified copy of valid NMCZ Practicing Certificate/Licence
- f. Photocopy of recommendation letter from referee e. g Employer (If Applicable)
- g. Latest Certified passport size photo
- h. Transcript from previous Nursing Institution

RETURNING OF APPLICATION FORMS: 30TH AUGUST, 2024