



APPLICATION FORM

In the table below, tick the program that you are applying for

No.	PROGRAM	Tick here
1	Diploma in Nursing & Midwifery (NMT)	
2	Diploma in Public Health	

A. PERSONAL DETAILS

1. Surname: _____ First Name: _____ Initials: _____

2. Date of Birth: ____/____/____ Sex: M/ F

3. Nationality: _____

4. Home District: _____ T/A: _____ Village: _____

5. Contact Address: _____

Tel: _____ Mobile: _____ Email: _____

6. Next of Kin's Name & Address: _____

Tel: _____ Mobile: _____ Email: _____

7. Parent's/Guardian's occupation: _____

8. If selected, who will you pay for your fees?

B. ACADEMIC RECORD

(MSCE/IGCSE OR OTHER EQUIVALENT INTERNATIONALLY RECOGNIZED QUALIFICATIONS AT 'O' LEVEL)

MSCE: O-Level: A-Level : Other: Specify _____

Name of Secondary School: _____

Year attained MSCE: _____

No.	SUBJECT	GRADE
1		
2		
3		
4		
5		
6		
7		
8		

C. APPLICATION FEE

All applicants are STRICTLY required to DEPOSIT a non-refundable application fee of K15,000.00 to the following bank accounts:

Bank Name	National Bank of Malawi
Account Name	Trinity Hospital College
Account Type	Current
Account Number	2697734
Branch	Custom's Road

Note: A copy of the deposit slip bearing the name of the applicant should be attached to the application form. Bank deposits will be verified.

D. CANDIDATES WITH SPECIAL NEEDS

State your physical impairment and any special assistance/facilities that you require

E. DECLARATION

I _____ hereby certify that the information given above is true and to the best of my knowledge.

Signature: _____ Date: _____

F. SUBMISSION OF AN APPLICATION FORM

A duly completed application form together with a bank deposit slip showing the name of the applicant and copies of MSCE/Notification and a copy of the national ID attached should be sent or submitted to the address given below or through WhatsApp or email.

Trinity College of Health Sciences

Post Office Box 51937

Limbe

Email: trinitycollegerecruitment1@gmail.com

WhatsApp: **0893891310/0996205129**