



SVG COMMUNITY COLLEGE DIVISION OF NURSING EDUCATION

INFORMATION SHEET RELATED TO POST BASIC COURSE IN MIDWIFERY

■ INSTRUCTIONS

1. Please read the entire accompanying form carefully before beginning the application.
2. Please do not complete the form if you do not meet the requirements as applicable.
3. Please complete the form in your own handwriting using **BLOCK LETTERS**, and return it along with a letter of application to the Registrar – SVG Community College.
4. A complete medical examination conducted by a Medical Practitioner must be submitted along with the application form (see Medical Form attached).
5. Attach clear, certified photocopies of birth certificate, to the application form.
6. Please attach a recent passport sized picture to the application form.
7. Attach copies of initial and current Registration with the General Nursing Council.
8. Attach a recent copy of Year Evaluation from work place.

■ REQUIREMENTS FOR THE PROGRAMME

- a. Candidate **MUST** be registered with the General Nursing Council of St. Vincent and the Grenadines.
- b. Candidate **MUST** be of good character.
- c. Candidates **MUST** have at least one (1) year work experience as a Registered Nurse.
- d. Any evidence of falsification of documents or other information either by insertion, omission or other means will disqualify the candidate.
- e. Failure to turn up for an interview will be deemed as a loss of interest and the candidate will be replaced by another eligible candidate.
- f. Candidates should report immediately to the Registrar of the SVG Community College or other members of the Selection Committee if for any reason there has been a change of mind about entering the programme.
- g. Applications without the necessary supporting information **WILL NOT** be reviewed.
- h. A \$25.00 Processing Fee will be collected for the processing of each Application Form.

Candidates for interview will be informed through announcements on local radio stations.

NB: PLEASE DETACH THIS PAGE BEFORE SUBMITTING APPLICATION FORM.

NURSING QUALIFICATION

CERTIFICATE/DIPLOMA	DATES OF TRAINING	LENGTH OF TRAINING	NURSING SCHOOL/ INSTITUTION

POST-BASIC EXPERIENCE

POST(S)	AREA	LENGTH OF TIME

ARE YOU A MEMBER OF A PROFESSIONAL ORGANISATION?

YES

NO

IF YES, STATE WHICH

IF NO, GIVE REASON(S)

STATE BRIEFLY YOUR REASON(S) FOR WANTING TO DO THIS COURSE.

HAVE YOU APPLIED FOR ENTRY INTO THIS COURSE PREVIOUSLY?

YES

NO

IF YES, STATE WHEN

SIGNATURE

DATE