ST. VINCENT AND THE GRENADINES COMMUNITY COLLEGE
DIVISION OF NURSING EDUCATION
CLINICAL PRECEPTORSHIP COURSE

A. DETAILS OF APPLICANT

1. Applicant's Name: **(Block Letters)**

   _____

2. Date of Birth: _____
   (DD/MM/YY)

3. Sex: **( ) Male** **( ) Female**

4. Address: **Residential:** _____

   _____

   Postal: _____

   Email: _____

5. Telephone Number(s):

   _____ _____ _____
   Home **Work** (*if applicable*) **Mobile**

B. EDUCATIONAL RECORD (from age 11 years)

EXAMINING BODY	YEAR	PROFICIENCY	SUBJECTS	GRADE

***Please submit certified copies of certificates/registration and current licensure**

C. EMPLOYMENT RECORD (Please show most recent post first)

	DATES OF SERVICES	NAME AND ADDRESS OF EMPLOYER	TYPE OF ORGANISATION	POSITION AND BRIEF DESCRIPTION OF DUTIES
Present Post				
Previous Post				

D. DECLARATION

- I declare that to the best of my knowledge the information supplied in this application and the documentation supporting it are correct and complete.

- I acknowledge that the provision of incorrect information or documentation relating to my application may result in the withdrawal of any offer of a place and that such withdrawal may take place at any stage of the course at the discretion of the SVGCC.

....

Applicant's signature **Date**

FOR OFFICIAL USE ONLY

Copies of Certificates submitted: ( ) Yes ( ) No

Recommended For Programme: ( ) Yes ( ) No

Signature: .....