

# WEST AFRICAN COLLEGE OF NURSING

Application Form for Fellowship Programme



2 Passports  
Photograph

Section 'A' (to be completed by Applicant)

1. Name: Mr./Mrs/Miss/Dr/Prof -----  
(Surname in Block Letters)

Other Names: -----

2. Previous Name: -----

3. Present (Postal) Address: -----

4. Permanent (Home) Address: -----

5. Sex: M  F

6. Date of Birth: -----

7. Nationality: ----- Phone No: -----

8. Age Last Birthday: ----- Email: -----

	Qualifications	Name of Institutions	Duration of Course	Date of Qualification	Registered No./License No.
9.	Basic Qualification				
10.	Post-Basic Qualifications				
11.	Additional Qualifications				

**12. SPECIALTY/FACULTY:**

*(Tick the Faculty to which you are applying)*

- 1. MEDICAL AND SURGICAL NURSING
- 2. MATERNAL AND CHILD HEALTH AND MIDWIFERY
- 3. MENTAL HEALTH AND PSYCHIATRIC NURSING
- 4. COMMUNITY HEALTH NURSING
- 5. Faculty of Administration, Management and Education

**13. PROFESSIONAL EXPERIENCE:**

Designation	Institution	Dates

**14. Signature of Applicant:----- Date: -----**

15. Referees (Must be one professional Nurses and one other person to whom you are known for at least 5 years)

S/n	Name	Qualification/Status	Address
1.			
2.			

16. Section 'B' (To be completed by Head of Department/Institution)

Recommendation by Professional Head of Department:

I hereby certify that the above particulars in respect of Miss/Mr./Mrs./Dr/Prof: -----  
are correct/incorrect.

Full Name: -----

Qualifications: -----

Signature: -----

Date: -----

Please Note:

- (1) This Form, when completed, must be returned in either online or duplicate as early as possible and not later than 31<sup>st</sup> July to the Executive Secretary, West African College of Nursing, 6, Taylor Drive (off Edmond Crescent), P.M.B.2023, Yaba, Lagos, Nigeria. Late submission attracts penalty, after 31<sup>st</sup> July - \$10, after 19<sup>th</sup> August - \$50
  - (2) The application must be accompanied by a non-refundable application fee of \$20 or N10, 000.00 payable to West African College of Nursing.  
  
Account Details: First Bank Plc, Account Name – West African College of Nursing  
  
Account Number: Naira Account – **2003831052** and Dollar Account - **2003465262**
  - (3) Two Passport size photographs must be scanned and attached.
  - (4) Photocopies of all credentials (certificates and current licence) must be enclosed and originals made available at the time of registration.
-

**FOR OFFICE USE ONLY:**

Date application received: -----

Action By: -----

(Signature)

Date Application Checked: -----

Clerical Officer: -----

-----

Fee Paid: -----

Faculty Officer: -----

Date of Interview: -----

Executive Secretary: -----

Result of Interview: -----

**Local Chapter's Comment**

17. Approved:

Signature of Interviewers: ----- (Chairman)

(1) -----

(2) -----

(3) -----

(4) -----

**National Chapter Stamp:**

18. SECTION 'D' (To be completed by the Secretariat)

I recommend/do not recommend: -----  
for admission.

Signature: -----

Date: -----

College Stamp:

Admission letter issued on: -----