

13. EDUCATION QUALIFICATION relevant to the course you are applying for:

Qualification	Name of High School or Tertiary Institution	Year Completed

14. HOBBIES / INTERESTS

15. Any other information, which you consider relevant to this application?

16. Medical history/ Special needs

Please indicate whether you have any of the following conditions that TISI Sangam College of Nursing and Health Care Education should be aware of:

Medical Illness Physical Disability Pregnancy Others

Provide details if any:

Each candidate must complete this form legibly and send to:

The Director,
SIT Sangam College of Nursing and Health Care Education
P. O. Box 2047, Labasa.

The closing date for the application is no later than **7th June 2024, 4pm.**

Documents to be submitted with this form are as follows:

- i. A recent passport size photo stapled in the space provided overleaf.
- ii. A Certified copy of your birth certificate.
- iii. CERTIFIED copies of your academic transcripts.
- iv. A recent reference from your current employer. (if applicable)
- v. Covid Vaccination Certificate / Card

DECLARATION BY APPLICANT

I _____ declare that the statements made in this application form, to the best of my knowledge, are accurate and complete. If awarded a place to undergo the Aged Care Program, I undertake to comply fully with all academic and financial obligations required for my training.

Signature

Date