



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

Qualification	Name of High School or Tertiary Institution	Year Completed

**14. HOBBIES / INTERESTS**

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

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**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:

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**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 **29<sup>th</sup> November 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