

## SANGAM INSTITUTE OF TECHNOLOGY SANGAM COLLEGE OF NURSING AND HEALTH CARE EDUCATION



## NATIONAL CERTIFICATE IN AGED CARE AND COMMUNITY CARE (LEVEL 3)

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PERSONAL PARTIC	<u>CULARS</u>							our full name back of a recent
1. NAME IN FULL	(as in birth certificate):						photogr	aph rt size). Your
2. Place of Birth:		3. Gender:	4. Ethnicit	ty:			applicat	ion will be 'incomplete if
5. Date of Birth:		6. Age:						aph is omitted.
6. Citizenship:		7. Marital Status:						
9. (a) Present Postal A	ddress:							
Email:			Т	Celephone	No.:			
(b) Name and addre	ess of current employer (	f applicable):						
Telenhone		Fax:	F-m	ail:	<del></del>			
10. Emergency Contact		ил.	E-III	u11				
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			пр				_	
refeptione No.:								
11. Do you have Work	x Experience or Education	n related to the course you	are applying	g for? Y	es	N	7 <sub>0</sub>	
12.WORK EXPERIE	ENCE over the last 10 ye	ars relevant to the course y	ou are apply	ying for:				
Position/ Tasks	Name of Company/ O	rganization/Community	From	From - To Type				
			Month	Year	Full	Part	Unpaid	Volunteer
					time	time		

Qualification	Name of High School or Tertiary Institution	Year Completed		
14. HOBBIES / INTERESTS				
15 Any other information, which you	u consider relevant to this application?			
	a consider relevant to this application.			
( M. J. al L. A. a. / C. a				
6. Medical history/ Special needs				
Please indicate whether you have Education should be aware of:	any of the following conditions that TISI Sangam College of	f Nursing and Health Car		
Medical Illness	Physical Disability Pregnancy Others			
Provide details if any:				
Each candidate must complete this	form legibly and sand to			
•	form regiony 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	s no later than 29th November 2024, 4pm.			
Documents to be submitted with th	is form are as follows:			
i. A recent passport size photo	stapled in the space provided overleaf.			
ii. A Certified copy of your bir	th certificate.			
iii. CERTIFIED copies of your				
v. Covid Vaccination Certifica	r current employer. (if applicable) te / Card			
DECLARATION BY APPLICANT				
	declare that the statements made			
form, to the best of my knowledge	e, are accurate and complete. If awarded a place to unde	ergo the Aged Care		
Program, I undertake to comply for	ally with all academic and financial obligations required	d for my training.		