



**SANGAM INSTITUTE OF TECHNOLOGY
SCHOOL OF NURSING**

BACHELOR OF NURSING SCIENCE APPLICATION FORM - 2027



B1

The SIT School of Nursing was established in 2005 following a Cabinet Decision and subsequent signing in 2004 of the Deed of Agreement (DOA) between the Government of Fiji and TISI Sangam.

INSTRUCTIONS

Each candidate must complete this form legibly and send to: The Head of School, SIT School of Nursing P. O. Box 2047, Labasa.

The closing date for the application will be indicated in the advertisement. Documents to be submitted with this form are as follows:

- i. A recent passport size photo stapled in the space provided above.
- ii. Certified copy of your birth certificate.
- iii. CERTIFIED copies of your academic transcripts.
- iv. TIN Letter
- v. A recent reference from the School Principal or employer.

PHOTOGRAPH

Write your full name on the back of a recent photograph (passport size). Your application will be deemed 'incomplete if photograph is omitted.

PERSONAL PARTICULARS

1. NAME IN FULL (as in birth certificate): _____
2. Place of Birth: _____ 3. Date of Birth: _____
4. Citizenship: _____ 5. Ethnicity: _____ 6. Gender: _____
7. Marital Status: _____ 8. TIN Number: _____
9. (a) Residential Address: _____

Telephone No/Mobile.: _____

- (b) Your contact address and telephone number from December to January

Telephone/Mobile: _____

E-mail: _____

10. EDUCATIONAL RECORDS. (Complete the following for Forms 6 and 7 education at secondary school /or tertiary Institution)

- (a) Current / Last School Attended:

- (b) FY12CE Index No. : _____ (c) FY13CE Index No.: _____

FIJI YEAR 12 CERTIFICATE EXAMINATION [FY12CE]		FIJI YEAR 13 CERTIFICATE EXAMINATION [FY13CE]		OTHER TERTIARY INSTITUTION	
SCHOOL:		SCHOOL:		SCHOOL:	
SUBJECTS TAKEN	RESULT YEAR:	SUBJECTS TAKEN	RESULT YEAR:	SUBJECTS TAKEN	RESULT YEAR:
ENGLISH		ENGLISH			
BIOLOGY		BIOLOGY			
TOTAL (English, Biology + 2 best subjects)					

10. List all employment during the last 3 years if applicable.

OCCUPATION	NAME OF EMPLOYER	DATES EMPLOYED		REASON FOR LEAVING
		FROM	TO	

11. Hobbies / Interests

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

Please note that only shortlisted candidates will be contacted. If you have not been contacted by SIT School of Nursing, then your application has not been successful.

DECLARATION BY APPLICANT

I _____ declare that the information made in this application form, to the best of my knowledge, are accurate and complete. If awarded a place to undergo the Bachelor of Nursing Course, I undertake to comply fully all financial obligations required for my training.

Signature

Date