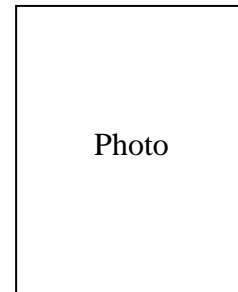


**APPLICATION FORM
FOR POST BASIC HAEMODIALYSIS NURSING COURSE
FOR STAFF NURSES AND MEDICAL ASSISTANTS**



PERSONAL PARTICULARS

Name (Mr/Mrs/Ms) : _____
 (As per NRIC) : _____
 NRIC No (New) : _____
 Home address : _____

Tel no : (H) _____ (H/P) _____ E-mail : _____
 Age : _____ Sex : Male Female
 Nationality : _____ Race : _____
 Marital Status : Single Married Widowed Divorced

NEXT OF KIN PARTICULARS

Name (Mr/Mrs/Ms) : _____
 Relationship : _____
 Address : _____

Tel no : (H) _____ (H/P) _____

QUALIFICATIONS

Education : SPM Higher Level

Language Literacy

Language / Dialect	Indicate Good, Fair or Poor		
	Speak	Write	Read

Courses Previously Attended

Name of Course with College / Institution / University	Location	Year		Certificate / Diploma / Degree attained
		From	To	

* SPM Results / Dip. of Nursing / Registration : Nursing or MA / APC (Attach copies of certificates accordingly)

Haemodialysis Experience

Name of Dialysis Centre / Hospital	Year	
	From	To

HEPATITIS STATUS

Hepatitis Bs Ag : Non-reactive Reactive
Hepatitis B Ab : _____ IU/L
Hepatitis C : Non-reactive Reactive
HIV : Non-reactive Reactive

**Please attach photocopies of latest blood test results (Validity : 6 months from date of application)*

REFEREES (List 2 persons excluding relatives and former employer)

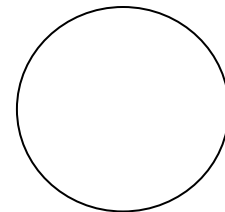
Name	Address & Tel No	Occupation	Years Known

Accommodation Required : YES NO
(For outstation candidates only)

ENDORSEMENT BY PRESENT EMPLOYER

Signature : _____
Name : _____
Designation : _____
Company : _____
Address : _____
Tel No : (O) _____ (F) _____

Date : _____



Company Rubber Stamp

DECLARATION

I declare the information given in this application is true and complete. I understand any misleading information or willful omission is sufficient reason for rejection of admission to the course.

Date :

Signature of Applicant