



## WOODLANDS UNIVERSITY COLLEGE

Ibex Hill 2457 Main Street

Lusaka

CALL: 0966186239

E-mail: [woodlandsuniversity2022@gmail.com](mailto:woodlandsuniversity2022@gmail.com)

### APPLICATION FORM

REF NO:.....

RECEIPT NO:.....

RECEIVED BY:.....

#### PART 1: Particulars (PLEASE WRITE IN BLOCK LETTERS)

a. Surname:		Other Names:	
b. NRC No:		c. Date of Birth	
Sex:	M	F	Place of Birth
d. Marital Status:	Single		Number of Children
	Married		Age of Last Born
e. Nationality:		Tribe:	Village:
Chief:		District:	Province:
f. Physical Address:			
g. Postal Address:			
h. Tel. No:			
i. State of any disabilities			

#### PART 2: Family Particulars

a. Names of Parents/Husband/Wife:				
b. Guardian's Name/Next of Kin		Parent/Guardian's Cell No:	Address:.....	
State relationship with Guardian:		.....	.....	
c. Particulars of Children (Applicant's Children)				
Name	Sex	Date of Birth	Place of Birth	School Attending
d. Particulars of Dependants (Applicant's Dependants)				
Name	Sex	Date of Birth	Place of Birth	School Attending





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### Part 3: Academic Qualification & Program being applied for.

<p><b>a. Program Applied for</b></p> <p>1. REGISTERED NURSING <input type="checkbox"/></p> <p>2. CLINICAL MEDICINE <input type="checkbox"/></p> <p>3. PUBLIC HEALTH <input type="checkbox"/></p>	<p><b>b. Education Qualification</b></p> <p><b>School/s Attended:</b></p> <p>1. Name of School..... Years From:.....To .....</p> <p>2. Name of School:..... Years From:.....To .....</p>
<b>Subjects</b>	<b>Grades</b>
English	
Mathematics	
Biology/Human & Social	
History	
Religious education	
Commerce	
Home Economics	
Geography	
Physical Science	
Chemistry	
Physics	
Civic Education	

a. Professional Qualifications if you have done any trainings before (Tick Appropriate)

Certificate

Diploma

Degree

b. Previous relevant employment history

Name of Employer	Nature of Employment	Post Held	Period of Employment	Reasons for leaving





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### Part 4: Declaration:

1. I declare that the information provided by me in this application is correct and complete. I authorize Woodlands University College to reserve the right to waive or reverse any offer of admission made for incorrect or incomplete information.
2. I shall undergo evaluation process required by the school, after consideration of results, other information provided and obtained. In accordance with admission policy, the school shall be the sole judge of whether a place is offered to me or not.
3. If I am offered a place at Woodlands University College and subsequently it is discovered that the information provided on the application form was false at the time it was provided, the school authority has the right to reconsider the decision.

Date: .....

Date: .....

Name: .....

Witness: .....

Signature: .....

Signature: .....

### INSTRUCTIONS

SEND THIS APPLICATION FORM AFTER FILLING IN WITH A DEPOSIT SLIP AND YOUR CERTIFIED PHOTOCOPIES OF YOUR GRADE 12 CERTIFICATES OR STATEMENTS OF RESULTS AND NRC. YOUR APPLICATION WILL BE PROCESSED AND FEEDBACK GIVEN TO YOU.

Application and Interview fee should be deposited into Woodlands University College Account# **0232030000400** Indo-Zambia, Crossroads Branch clearly stating the name of the Applicant.

