





I CARE SERVICES COLLEGE



(College of Allied Health Sciences)

Admission form

CANDIDATES ARE REQUIRED TO COMPLETE THIS FORM AND RETURN THE ORIGINAL COPY TO THE SCHOOL ADMINISTRATION AT THE SCHOOL MAIN CAMPUS

The form should be submitted to the Principal with the following enclosures;

- i. Certified photocopies of result slips or certificates.
- ii. Six (6) stamped self-addressed A4 sized envelope.
- iii. Three recent passport-sized photograph(The photograph should be endorsed by the same person who makes the declaration at the end of this application. Name should be written on the back of the photograph.)
- iv. Confirmation of results from WAEC or relevant / examination body.
- v. One passport picture from your parent or guarantor.

CHOICE OF COURSE OF STU	DY (Regular 🗌 /	Distance Education Week-end)
Ministry of Health (MOH) –Allied	l Health	
Laboratory Technology	☐ Certificate	☐ Diploma
Dental Surgery Assistant	☐ Certificate	☐ Diploma
Ultrasound scan	☐ Certificate	☐ Diploma
Physiotherapy	☐ Certificate	☐ Diploma
Health informatics (ICT)	☐ Certificate	☐ Diploma
N.V.T.I - Ghana /		City & Guilds - UK
Social HealthCare Asst. (0	Geriatric)	☐ ICT City & Guilds
Foreign Programmes (Degree & A	Diploma)	
Medicine (Texila America	n University, USA)	

Affix one of the endorsed passport size photographs here

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	Diploma in Nursing (Texila American University, USA)																						
	Diploma Midwifery (Texila American University, USA)																						
Diploma in Physiotherapy (Texila American University) / Allied Health Ghana (MOH)																							
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I) Permanent Home Ad	dress (Residence includ	de house number)	
m . Communicating Add	dress: (Address to which	n communication in con	nection with this
application should be s	sent)		
(1) Postal Address			
(2) Tel. No	(3	3) Mobile	
(4) Email			
n) Physical Ability: (Info	ormation will be treate	d as confidential)	
Are you physically disa	bled or do you suffer ar	ny form of handicap? Yes	s No. If Yes, please state
the level of intensity ar	nd complexity and subm	nit medical report for co	nfirmation
2. EDUCATIONAL	_ LEVEL (Indicate ty ₎	pe of qualification you d	ıre using to seek admissioı
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		Radmeff Int	ernational College
Note: Add copies of all linstitution's authorities		ive to be provided directly b	y your former
SOURCE OF FINA	NCE: Indicate how	you will finance your study	at the College (Tick
appropriate box)			
a. Self b	o. Guardian	c. Corporate Sponsorship	
d. Other Specify			
NOTE:			
• FEES ARE TO BE PAID	IN FULL ON REGISTE	RATION AT THE BEGINNING	OF EVERY YEAR.
• FEE PAID ARE NON -	REFUNDABLE ONCE /	A PROGRAMME IS STARTED	D. PLEASE REFER TO
PROSPECTUS FOR OTH	ER TERMS AND CON	DITIONS OF ADMISSION.	
PARTICULARS OF	F PARENT/GUA	ARDIAN/SPONSOR	
a. Name of Parent/Gua	rdian or Sponsor		
b. Relationship to Parer	nt/Guardian or Spons	sor	
c. Occupation of Parent	t/Guardian or Sponsc	or	
d. Address of Parent/G	uardian or Sponsor		
(1)Postal Address			
(2)Tel. No		(3) Mobile No	
(4) Email			

PREVIOUS ADMISSION DETAILS

If you have ever been admitted to this College, you must supply the following information

YEAR OF ADMISSION	COURSE OF STUDY	LAST YEAR IN COLLEGE	REASONS FOR LEAVING

STUDY OPTION

OPTION	DAY	TIME
DAY	Mon – Fri	8:00am – 3:30pm

<u>NOTE:</u> Students are to make themselves available for the school's weekend organized classes which is compulsory for those who need to better their grades. *(Not every weekend)*

HOW DID YOU H (PLEASE TICK)	EAR ABOUT I CARE HEALTH TRAINING COLLEGE?
a. Newspaper	b. Radio c. Television d. Website
e. School	f. Former/current student
g. Friends/family	h. Other (Please specify)
WHAT ARE YOU	R REASONS FOR APPLYING FOR THE PROGRAMME?

APPLICANT'S SIGNATURE:
Signature of applicant Date
DECLARATION: This declaration should be signed by someone of high repute who should
also endorse the passport-sized photograph on the reverse side. This person should be a Senior
Public Servant belonging to the learned professions (e.g. a clergyman, lawyer, medical
practitioner etc.). The application will not be valid if this declaration is not signed.
I certify that the photograph endorsed by me is the true likeness of the applicant Mr./Ms/Mrs./
Dr/ Rev is personally known to me. I have inspected
his/her certificates and I am satisfied that the names on them conform to those by which to the
best of my knowledge, he/she is officially known.
Signature
Name
Status

<u>PLEASE NOTE:</u> ALL CANDIDATES WILL BE INTERVIEWED. THIS IS VERY IMPORTANT, AN APPLICANT WHO MAKES A FALSE STATEMENT OR WITHHOLDS RELEVANT INFORMATION MAY BE REFUSED ADMISSION.

FOR OFFICE USE ONLY			
Application fee:	Qualification vetted by		
Receipt No.:	Name:		
Date:	Status:		
	Signature:		
	Date:		

IF HE/SHE HAS ALREADY COME INTO THE COLLEGE, HE MAY BE ASKED TO WITHDRAW.

Address.....