



MINISTRY OF HEALTH
REPUBLIC OF GHANA



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.

Affix one of the
endorsed passport
size photographs
here

CHOICE OF COURSE OF STUDY (Regular ☐ / Distance Education ☐ Week-end)

Ministry of Health (MOH) – Allied Health

- | | | |
|---|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Laboratory Technology | <input type="checkbox"/> Certificate | <input type="checkbox"/> Diploma |
| <input type="checkbox"/> Dental Surgery Assistant | <input type="checkbox"/> Certificate | <input type="checkbox"/> Diploma |
| <input type="checkbox"/> Ultrasound scan | <input type="checkbox"/> Certificate | <input type="checkbox"/> Diploma |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Certificate | <input type="checkbox"/> Diploma |
| <input type="checkbox"/> Health informatics (ICT) | <input type="checkbox"/> Certificate | <input type="checkbox"/> Diploma |

N.V.T.I - Ghana

/

- ☐ Social HealthCare Asst. (Geriatric)
- ☐ ICT

City & Guilds - UK

- ☐ ICT City & Guilds

Foreign Programmes (Degree & Diploma)

- ☐ Medicine (Texila American University, USA)

- ## 1. PERSONAL DETAILS

- Surname:

[illegible][illegible]

- d) Place of Birth:

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g) Hometown.....

i) Country.....

k) Religion.....

Training the needed HealthCare Professionals 'Care For All'

l) Permanent Home Address (Residence include house number)
.....

m. Communicating Address: (Address to which communication in connection with this application should be sent)

(1) Postal Address.....
.....

(2) Tel. No..... (3) Mobile

(4) Email

n) Physical Ability: **(Information will be treated as confidential)**

Are you physically disabled or do you suffer any form of handicap? Yes No. If Yes, please state the level of intensity and complexity and submit medical report for confirmation

2. EDUCATIONAL LEVEL *(Indicate type of qualification you are using to seek admission)*

a. SSSCE ☐ b. WASSCE ☐ c. OTHERS:

b) Indicate **SSSCE / WASSCE** grades obtained in each attempt in their respective columns.

SUBJECT	1 ST ATTEMPT	2 ND ATTEMPT	3 RD ATTEMPT
	Month: Year: Index No.	Month: Year: Index No.	Month: Year: Index No.
	GRADE	GRADE	GRADE

Note: Add copies of all certificates. These have to be provided directly by your former Institution's authorities.

SOURCE OF FINANCE: Indicate how you will finance your study at the College (Tick appropriate box)

- a. Self ☐ b. Guardian ☐ c. Corporate Sponsorship ☐
d. Other Specify.....

NOTE:

- FEES ARE TO BE PAID IN FULL ON REGISTRATION AT THE BEGINNING OF EVERY YEAR.
- FEE PAID ARE NON –REFUNDABLE ONCE A PROGRAMME IS STARTED. PLEASE REFER TO PROSPECTUS FOR OTHER TERMS AND CONDITIONS OF ADMISSION.

PARTICULARS OF PARENT/GUARDIAN/SPONSOR

- a. Name of Parent/Guardian or Sponsor.....
b. Relationship to Parent/Guardian or Sponsor
c. Occupation of Parent/Guardian or Sponsor
d. Address of Parent/Guardian 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

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.....

Address.....

PLEASE NOTE: 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.