



REGIONAL TRAINING CENTER FOR EXCELLENCE

Address: CBC Health Services Complex, Mutengene, South West Region, Cameroon

Tel: + (237) 670 400 839 / 677 565 537

Email: helga.registrarcbchsrc@gmail.com / nkuohgodlove@gmail.com

Website: <http://www.cbchealthservices.org>

APPLICATION FORM FOR ADMISSION

Please attach
a recent
passport size
photograph

This form MUST be filled and submitted to the office of the Registrar

1. **APPLICANTS DETAILS** (Please write in block letters)

APPLICANT PERSONAL DETAILS									
First Name			Surname						
Other Name(s)			Date of Birth		DD..... MMMYYYY.....				
Gender		Male <input type="checkbox"/>			Female <input type="checkbox"/>				
Address		Postal			Physical				
Contacts		Home			Mobile		Fax		
Nationality									
Passport details (For International Applicants)		Number			Date of Issue				
		Place of Issue			Expiry Date				
Mobile		E-mail							
EMERGENCY CONTACT									
PERSON (relatives, family, close friend) TO BE NOTIFIED IN CASE OF EMERGENCY									
Names									
Address		Postal			Physical				
Contacts		Home			Mobile		Fax		
Email									

2. **PROGRAMME DETAILS**

PROGRAMME APPLIED FOR									

3. **EDUCATION BACKGROUND:**

	NAME OF INSTITUTION(S) ATTENDED	DATES		QUALIFICATION OBTAINED
		FROM	TO	
a)				
b)				
c)				
d)				
e)				
f)				

O/Level GCE Results

	YEAR OF EXAMINATION:		
	SUBJECT	GRADE	POINTS

(II) Advanced Level GCE Results

	YEAR OF EXAMINATION:		
	subject	GRADE	POINTS

(Attach copies of A-Level and O-Level certificates or their equivalent for foreign Applicants)

4. Explain in a short paragraph how the course you are applying for will assist you to achieve your goals in life

5. **EMPLOYER RECOMMENDATION**

I/We..... Recommend, Prof/Dr/Mr./Mrs./Miss/Ms.....
to attend the above-mentioned programme. **This includes allowing the staff time off to attend the taught week and do the course assignments.**

.....

Name of Authorizing officer

.....

Designation

.....

Date and Official Stamp

6. **APPLICANT DECLARATION**

I..... hereby affirm that to the best of my knowledge and belief, the particulars given in this form are true and complete record about me in all respects.

Signature

Date:

NB: Attached photocopies of Birth certificate, ID card, O/A level results, Transcripts of Relevant certificates of at least 1-2 years of class work (Participants of Seminars/Conference certificate are not allowed) and a brief Curriculum vitae.