



APPLICATION TO BE PAID FOR ON SUBMISSION

admin@sigma.edu.jm



Sigma College of Nursing and Applied Sciences

34 Top Road
Brown's Town
P.O. Box 437 St. Ann
Tele/Fax: 917-7027
Email: Email:ssnas@msn.com
Website: sigma.edu.jm
"With Wings as Eagles"

APPLICATION FOR ADMISSION

Which programme are you applying for: _____

Name: _____

Surname: _____ First Name: _____ Middle Initial _____

Date of Birth: ____ / ____ / ____ TRN _____

Address _____

Phone #: _____ Fax#: _____ Email _____

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____

Phone#: _____ or _____

EDUCATION (GENERAL)

HIGH SCHOOL

Name: _____

Address: _____

Subjects and Grades obtained (CXC/GCE)

SUBJECT	GRADE	SUBJECT	GRADE
1.		5.	
2.		6.	
3.		7.	
4.		8.	

From: Month/Year _____ To: Month/Year _____

COLLEGE/ SIXTH FORM PROGRAMME

Name: _____

Address: _____

Subjects and Grades obtained (CXC/GCE)

SUBJECT	GRADE	SUBJECT	GRADE
1.		5.	
2.		6.	
3.		7.	
4.		8.	

From: Month/Year _____ To: Month/Year _____



EDUCATION (PROFESSIONAL)

Institution Attended _____
Qualification Obtained _____
Date Attended ____ / ____ / ____ Pass/Fail/Incomplete _____

EMPLOYMENT

Employer: _____
Address _____
Date Employed _____ Phone # _____ Fax# _____
Email _____

Employer: _____
Address: _____
Date Employed _____ Phone# _____ Fax# _____
Email _____

Employer: _____
Address: _____
Date Employed _____ Phone# _____ Fax# _____
Email _____

REFERENCES

3 Required (2 professional-1 personal) NO RELATIVES

1. Name _____
Address _____
Phone # _____ Fax# _____
Email _____
Relationship to Applicant: _____

2. Name _____
Address _____
Phone # _____ Fax# _____
Email _____
Relationship to Applicant: _____

3. Name _____
Address _____
Phone # _____ Fax# _____
Email _____
Relationship to Applicant: _____

Print Name _____

Signature of Applicant _____

Date: _____



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MEDICAL REPORT

Name..... Age..... Weight.....
Address.....
Occupation.....

Date of appearance and physical Examination.....
Has he/she suffered at any time from:
Fits of any Kind?..... Tuberculosis.....
Any Nervous or Mental Disorders.....

Is there any Detectable Abnormality in(if yes give particulars)
Cardio-Vascular System.....
(including chest X-ray).....
Genito-Urinary System.....
(including urine test for sugar and albumin).....
Alimentary System.....
Central Nervous System.....
Skin..... Hearing..... Dental.....
Blood test: HB, Group and Type, WBC, Rubella, Hep. B Tetanus, Measles, Polio,
Diphtheria.....

Give your general Opinion of his/her:
Physique/Posture and Foot Examination.....
Mental and Emotional Stability.....
Comment: (e.g. Health) counseling Referral.....
Other.....

(Medical Examiner)
Print Name.....
Signature.....
Address.....
Qualification.....
Stamp Here.....

Medical Report Continued

IMMUNIZATIONS

All students entering the Registered Nursing and Practical Nursing courses are required to show proof of their immunization status or receive booster doses as recommended by the Medical Practitioner.

To state that one is “fully immunized” or “card not seen” will not be accepted.

Please take a copy of your Immunization Card with you.

IMMUNIZATION	Dates Given			Boosters				
BCG								
D.P.T								
Polio								
MMR (Measles Mumps Rubella)								
Measles								
D.T								
Hepatitis B								
Influenza								
COVID-19								
Varicella								
Other:								

NB. Students are expected to have obtained all three or have started the series of Hepatitis B Vaccines.



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DOCUMENTS REQUIRED

ALL APPLICANTS ARE REMINDED THAT ORIGINAL DOCUMENTS MUST BE PRESENTED WITH APPLICATION FORM. PLEASE COPY AND WE WILL CERTIFY AND RETURN ORIGINALS TO YOU.

1. 4 **certified** Passport size photographs (BSN)
2. 2 Passport size photographs (other courses)
2. Completed Application Form
3. Completed Medical Form and a copy of Immunization Card
4. 3 **Typed** References (JP/Pastor/Previous School/Employer)
5. Police Record
6. Transcript (sent directly from previous college) (BSN)

All nursing/ Health Science students must be immunized against Diphtheria, Tetanus, Poliomyelitis and Hepatitis. Mantoux will also be done and vaccination will be given if necessary.

2 (TWO) COPIES OF:

7. Official Identification i.e. Divers Licenses/National I.D/Passport, and TRN
8. Birth Certificate
9. Marriage Certificate (If Applicable)
10. Proof of Current Registration with Nursing Council (If Applicable)
11. Registration Card from Nursing Council (if Applicable)
12. Original Copy or copy of Certificates/ Diplomas:
 - CXC / GCE (O'level) Certificates
 - College Diploma (if Applicable)
 - High School Diploma/Certificate

To all applicants, you are required to submit copies of your certificates along with the original. Please ensure that your Names are spelt correctly on your certificates, if there are any errors then you will be required to get them certified by a Justice of the Peace who know you. Application Numbers are place at the top of each page of the application for school purposes. Do not cross/ white out.

ALL students enrolled in Health and Allied Health (i.e BSN & PN) courses of study must be fully immunized to participate in clinical rotations within areas of the Ministry of Health. Access to clinical sites will only be granted if immunization is current and covers the period of rotation.

Vaccine	Minimum Acceptable Evidence of Immunity
BCG	If no record, must have a Mantoux Test performed
Diphtheria, Pertussis, Tetanus (DPT/DT)	Five (5) doses of DPT/DT/DTaP with the most recent booster within the last 10 years
Polio	Three (3) – Five (5) doses
Measles, Mumps, Rubella	Two (2) doses
Hepatitis B	Three (3) doses and proof of positive immunity
Varicella/chicken pox	Two Varicella vaccines at least 1 month apart
Influenza	Yearly (including H1N1) (OPTIONAL)

Please visit your nearest Health Center with your Immunization Card to ensure that you have all Vaccinations.