

ADMISSION PACKAGE / DOCUMENTS
(READ CAREFULLY)



1. You have been admitted into this institution to offer a three (3) year diploma program.

Date for reporting are as follows:

Programme		Reporting Date
➤ Registered Midwifery (RM)	:	21 st September, 2023
➤ Registered General Nursing (RGN)	:	22 nd September, 2023
➤ Registered Mental Nursing (RMN)	:	23 rd September, 2023
➤ Public Health Nursing (PHN)	:	23 rd September, 2023

Note: Students are to report before 3:00pm

2. **Students are to come along with the following documents:**

- WAEC Result Slip
- Biometric Birth Certification
- Admission Documents (Declaration and Acceptance Form)
- National Health Insurance Card

NB: Your name must tally with the name on your WAEC Result Slip otherwise you have to do a gazette if there is any discrepancy in your name or date of birth.

3. You are to note that if the college discovers later that you do not possess the qualifications by virtue of which you have been offered admission, you would be withdrawn immediately.
4. You will be on probation for the full duration of your programme. Satisfactory academic work and good conducts are required for your continuous stay on the programme. You will be required to adhere to all rules and regulations as contained in the students' handbook, a copy of which will be made available to you during orientation.
5. You are to bring with you the items on the attached prospectus
6. Medical examination will be carried out at St. Patrick's Hospital when students' report on campus.

STUDENTS PROSPECTUS

1. ITEMS TO BE PURCHASED (OTHER ITEMS)

THE FOLLOWING ITEMS ARE AVAILABLE IN THE SCHOOL AND SHALL BE PURCHASED AT COST OF GHC 2500. (TO BE PAID ON THE DAY OF REPORTING)

- Textbooks
- Clinical Items
- Mattress (Covered high density Mattress), Pillow, Buckets
- Stationaries (Note books and exercise books)
- Tracksuit ie Three (3) in one wear

2. SRC AND HALL DUES

Pay GHC 600.00 at any GCB Bank as SRC and HALL PACKAGE into:

- Bank : **GCB Bank**
- Branch : **New Offinso**
- Account Name: **St. Patrick's Midwifery Training Sch DPF**
- Account Number: **6131130001250**

Using your MOH23..... CODE.

3. STUDENTS MUST COME WITH THE FOLLOWING ITEMS;

A. FOOTWEAR

- Two pair of brown / black shoes with flat rubber sole
- Two pair of brown sandals with a flat rubber sole
- Sneakers or sportswear for weekly exercise

B. OTHER ITEMS ARE:

- Holy Bible (Revise Standards)
- Treated Mosquito Net
- Electric Iron
- Rechargeable Lamp
- Two white Bed sheets and pillow cases
- Cutlery Set, Flat and Deep Plates (2 each), Drinking Cup, Table Napkins.
- One Food Flask
- Two black skirts (2 inches below the knee)

NOTE:

- ❖ Spaghetti tops and indecent dresses are prohibited.
- ❖ Apart from iron and the rechargeable lamp, no other electrical appliance is allowed.
- ❖ All belongings are to be packed **neatly** in a suitcase and a hand bag
- ❖ You are reminded to come along with all your documents (Result Slip(s), Birth Certificate and the online generated Admission Package. This will also be inspected on the reporting day.

ST. PATRICK'S NURSING AND MIDWIFERY TRAINING COLLEGE
NATIONAL CATHOLIC HEALTH SERVICE

BANKERS:
G.C.B LTD
NEW OFFINSO BRANCH

Our Ref

Your Ref



P. O. BOX 17,
MAASE OFFINSO
ASHANTI REGION
GHANA – WEST AFRICA
TEL: 0209086567

Website: www.spnmtc.com
E-mail: spnmtcinfo@spnmtc.com

ACCEPTANCE OF OFFER OF ADMISSION

I (*State full Name*)

with Student Ref. No:hereby accept the offer of Admission to
pursue a (*State duration of Programme*) Diploma Programme in (*State Programme
offered*) as Student effective (*State Academic year*)

..... Academic Year. I promise to abide by all rules and regulations governing
Students of the college at all times.

I also accept that at any point in time if I go contrary to any of these rules and regulations of the
College, the necessary sanctions shall be meted out to me.

I unreservedly declare support for the authorities in the maintenance of discipline in the training
of my ward. Fully aware that the college is a **CATHOLIC MISSION INSTITUTION.**

Thank you.

Yours faithfully

Signature

(.....)

Full Name in upper case

Date.....Witness:

Signature

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DECLARATION

TO BE COMPLETED BY STUDENT

I have carefully read and understood the under mentioned and state that my acceptance, and indexing as a Student Midwife / Nurse by the Nurses and Midwives Council within six months of admission into the school and the continuance of my 3 years training will depend on my school certificate results.

The college and its administration should not therefore be held responsible if my training is to be discontinued when my school certificate results do not tally with those on my detailed results presented at the interview.

UNDER-TAKING

I, have accepted to train as a (state the programme) and upon successful completion, accept to be posted to any facility in Ghana.

Signature of Candidate:

Date:

To be submitted to the school

BIODATA AND OTHER VITAL INFORMATION**(FILL IN BLOCK LETTERS)**

Application PIN	
First Name	
Middle Name	
Last Name	
Gender	
Date of Birth	
Birth place	
Region	
District	
Country	
Nationality	
Marital Status	
Identity Type	
Identity Number	
Contact Detail	
Address	
City	
Region	
District	
Digital Address	
Phone Number	
Email	
Next of Kin	
Kin Name	
Relation	
Address	
City	
Region	
District	

Digital Address	
Phone Number	
Guardian	
First Name	
Last Name	
Address	
City	
Region	
District	
Digital Address	
Phone	
Email	
Academic Details	
Last Institution Attended	
Program Studied	
Date of Completion	
Exam Type	
Aggregate	
Professional Body of Association (<i>If applicable</i>)	
Professional ID	
Date of Professional Licencial Exam (<i>if applicable</i>)	
Date of Passing Professional Licencial Exam (<i>If applicable</i>)	
Banking and superannuation details	
Bank Name	
Branch Name	
Account Name	
Account Number	