# CATHOLIC HEALTH SERVICE TRUST-GHANA

(Archdiocese of Kumasi)





# 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) : 12<sup>TH</sup> September, 2024

➤ Registered General Nursing (RGN) : 13<sup>TH</sup> September, 2024

Registered Mental Nursing (RMN) : 14<sup>TH</sup> September, 2024

➤ Public Health Nursing (PHN) : 14<sup>TH</sup> September, 2024

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later that you do not possess the qualifications by virtue of which you have been offered admission, you would be withdrawn immediately.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 when students' report on campus.

### **STUDENTS PROSPECTUS**

- 1. ITEMS TO BE PURCHASED (OTHER ITEMS)

  THE FOLLOWING ITEMS ARE AVAILABLE IN THE SCHOOL AT A SUBSIDIES

  PRICE AND SHALL BE PURCHASED AT COST OF GHC 3000. (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 PACKAGE

A. Pay GHC 400.00 at any GCB Bank as HALL PACKAGE into:

> Bank : GCB Bank

> Branch : New Offinso

Account Name: St. Patrick's Midwifery Training Sch DPF

Account Number: 6131130001250

Using your MOH24..... CODE.

#### B. Pay GHC 400.00 as SRC PACKAGE (Mobile Money):

- ➤ First key in the short code \*776\*105#
- ➤ Then type the terminal id/bar code that is 3231544853
- > Then choose 1. Mobile Money
- > Enter amount
- Enter narration (kindly enter your name and MOH code)
- Press 1 to confirm (Your request would Then be processed and you make the payment)



#### 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) and white shirt

#### 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.

# CATHOLIC HEALTH SERVICE TRUST-GHANA

(Archdiocese of Kumasi)



Tel: 020-908-65-67
Email: info@spnmtc.edu.gh
Website: www.spnmtc.com
GPS: A7-0020-7670

P. O. Box 17 Maase-Offinso Ashanti Region



# ACCEPTANCE OF OFFER OF ADMISSION

1 (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)
Academic Year. I promise to abide by all rules and regulations governing Students of the college.
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 <b>CATHOLIC MISSION INSTITUTION</b> .
Thank you.
Yours faithfully
Signature ()
Full Name in upper case
DateWitness:
Signature

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# **DECLARATION**

#### TO BE COMPLETED BY STUDENT

I	
With student Ref. No.	having been notified of my admission to
St. Patrick Nursing and Midwifery Training College	for a programme leading to the award of
Diploma in	Do hereby bind myself solemnly
and undertake to comply to the following conditions	S.

- 1. That throughout my academic pursue and stay in the college and conduct myself in accordance rules and regulations of the institution.
- 2. That I will diligently apply myself to my prescribe program of study within the college in accordance with the relevant status, rules, syllabi and practices of the college.
- 3. That I undertake to attend all scheduled lectures, tutorials, seminars, practicals and all other instructional activities that will be required of me by the college authorities during my academic pursuit in the institution, and also undertake to use the library and other facilities responsibly.
- 4. That I acknowledge and duly submit myself to the disciplinary authorities of the college as defined in the rules and regulations governing the college and conduct of students of the institution.

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#### In particular: -

- a. Bind myself to refrain from engaging in any unlawful activities that may be deemed to be undermining the interest of the college and other students and in particular I will abstain from inciting, obstructing or in any manner stopping any other student from attending lectures or obstructing a member of the college from giving lectures or such other instructions.
- b. Undertake not to convene or join any unauthorized and / or unlawful demonstrations, processions, gatherings and activities or in any way to be a party to any activities deem damaging to the good other and running of the college

Full Name (Student)	
Signature (	
Full Name (Guardian):	••••
<b>Signature</b> (	

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	
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 (If applicable)					
Professional ID					
Date of Professional Licencial Exam (if applicable)					
Date of Passing Professional Licencial Exam (If applicable)					
Banking and superannuation details					
Bank Name					
Branch Name					
Account Name					
Account Number					