



Place photo here

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Documents Required
2 Passport Size Pictures
Copy of TRN
Govt Issued ID
High School Certificate
Copy of CSEC/CAPE/City & Guilds Results
If any.

APPLICATION & PERSONAL DATA FORM
ENHANCED PRACTICAL NURSE TECHNICIAN (EPNT)

PERSONAL DATA

NAME

Surname (family name)

First Name

Middle Name

(Please tick appropriate box).
Ms. Mr. Mrs.

DOB:

MM DD YY

TELEPHONE:

ALLERGIES &/or DISABILITIES?

EMAIL:

Yes No If yes, please specify

ADDRESS:

NEXT OF KIN:

EMERGENCY TELEPHONE NO.

NAME OF PARENT/ GUARDIAN/ SPONSOR: OCCUPATION:

RELATIONSHIP TO STUDENT: TELEPHONE NO. (Work):

WOEKPLACE: EMAIL:

LAST SCHOOL/ INSITUATION ATTENDED:

Enrolled Programme

ENHANCED PRACTICAL NURSE TECHNICIAN:

QUALIFICATIONS & EDUCATIONAL BACKGROUND (previous subjects attained; i.e., Professional Certificates etcetera)

	LEVEL (CSEC or CAPE)	SUBJECTS/CERTIFICATES	YEAR	GRADE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

I hereby authorize the One World Nursing (OWN) to seek information from my institution of previous enrollment with regards to my application process.

DECLARATION: I declare that the information given in this application form is true and complete to the best of my knowledge. I understand that any false or misleading information provided in my application and a violation of the rules and regulations and may lead to disciplinary actions or dismissal.

SIGNATURE: DATE:

Please note that One World Nursing (OWN) is responsible only for the delivery of training, practicums in Jamaica and academic content related to this course.