



BAPTIST SCHOOL OF PUBLIC HEALTH

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

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

Email: registrar@bsph.cbchealthservices.org / dean@bsph.cbchealthservices

Website: https://www.bsph.cbchealthservices.org

Ministry of Higher Education in decree No 21-00324/MINESUP/SG/DDES/ESUP of 3rd June 2021



Please attach a recent passport size photograph

APPLICATION FORM FOR ADMISSION

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..... MMM YYYY..... | | | | |
| 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 | |
|-------------------------|--|
| 1 st Choice: | |
| 2 nd Choice: | |
| 3 rd Choice: | |

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 |
| | | | |
| | | | |
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(II) Advanced Level GCE Results

| | YEAR OF EXAMINATION: | | |
|--|----------------------|-------|--------|
| | subject | GRADE | POINTS |
| | | | |
| | | | |
| | | | |
| | | | |

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

5. **WHO RECOMMENDED YOU FOR THE COURSE?**

- BPSH WEBSITE: ____
- CBC WEBSITE: ____
- BSPH ADVERT: ____
- BSPH FACEBOOK: ____
- other (church, or name of person): _____

6. **EMPLOYER RECOMMENDATION (If employed)**

I/We..... Recommend, Prof/Dr/Mr./Mrs./Miss/Ms.....
to attend the above-mentioned program. **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 |

7. **REGISTRATION/APPLICATION FEE PAYMENT:**

- How did you pay you registration fee?
- CBCHS Station:(attach receipt)
- Bank payment: (attach receipt)
- School Bursary: (Photocopy of receipt)
- Other? Mention it _____

NB: FORM WILL NOT BE COLLECTED WITHOUT PROOF OF PAYMENT!!

8. **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, bac or technical 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.