



# BAPTIST SCHOOL OF PUBLIC HEALTH

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

**Tel:** + (237) 651901808 / 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



## APPLICATION FORM FOR ADMISSION

Please attach a recent passport size photograph

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<br>..... 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 <sup>st</sup> Choice: |  |
| 2 <sup>nd</sup> Choice: |  |
| 3 <sup>rd</sup> 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 |
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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/number): \_\_\_\_\_

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.**

|                                    |                    |                                |
|------------------------------------|--------------------|--------------------------------|
|                                    |                    |                                |
| <b>Name of Authorizing officer</b> | <b>Designation</b> | <b>Date and Official Stamp</b> |

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.**