



Ministry of Higher Education in decree No 22-04505/MINESUP/SG/DDES/ESUP of 22nd July 2022

APPLICATION FORM FOR ADMISSION

This form **MUST** be filled and submitted to the office of the Registrar
All sections of this form **MUST** be filled and completely.

Please attach
a recent
passport size
photograph

1. APPLICANTS DETAILS (**Must be Filled)

APPLICANT PERSONAL DETAILS				
First Name**		Middle & Last Name**		
Date of Birth**	DD..... MMMYYYY.....			
Gender**	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Address**				
Contact Numbers**	Mobile (Whatsapp)		Mobile 2	
Marital Status **	Married <input type="checkbox"/>	Not Married <input type="checkbox"/>		
Nationality				
Passport details (For International Applicants)/ National Identification Card (NIC) (For Nationals)	Number		Date of Issue	
	Place of Issue		Expiry Date	
E-mail				
EMERGENCY CONTACT				
Names**		Specify Relationship (Parent, friend, spouse, relative etc.) ***		
Address**				
Contact Numbers	Mobile**			
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)				

(Attach copies of A-Level and O-Level certificates or their equivalent for foreign Applicants as Application will not be reviewed without the documents.)

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

5. Where did you get information about the program you are applying for?

- BSPH website: _____
- BSPH student (Name of student): _____
- CBC website: _____
- BSPH advert (Flyers, posters, billboard): _____
- BSPH Social Media: (Specify) _____
- BSPH outdoor marketing (visit to school, social gathering, sporting activities): _____
- Others (church, or name of person/number): _____

6. Do you have a disability?

- Yes (specify): _____ (kindly attach disability card)
- No: _____

7. Do you have any known medical Condition?

8.

- YES (Specify): _____
- No.

9. REGISTRATION/APPLICATION FEE PAYMENT:

How did you pay your registration fee?

CBCHS Station:(attach receipt)

Bank payment: (attach receipt)

School Bursary: (Photocopy of receipt)

Others? Specify _____

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

10. APPLICANT DECLARATION

I.....hereby affirm that to the best of my knowledge and belief, the information/documents given in this form are true and a complete record about me in all respects.

Signature Date:

NB: Attach photocopies of:

- **Birth Certificate,**
- **National Identity Card,**
- **Ordinary and Advanced Level slips/certificate,**
- **Baccalaureate or Technical result slips,**
- **Disability card**
- **Medical Report**