

Cameroon Baptist Convention Health Services Complex, Mutengene South West Region, Cameroon

Tel: + (237) 677 565 537, 651 901 808 **Email**: registrar@bsph.cbchealthservices.org



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

BSPH APPLICATION FORM FOR SHORT COURSES

This form MUST be filled and submitted to the office of the Registrar

Please attach a recent passport size photograph

1. APPLICANTS DETAILS (Please write in block letters) **APPLICANT PERSONAL DETAILS** First Name Middle & Last Name Date of Birth DD......YYYY..... Gender Male Female **Address** Contact Mobile1 Mobile 2 Numbers (whatsapp) Nationality Number Place of Issue Expiry Date Marital Status Married Not Married E-mail 2. PROGRAMME DETAILS PROGRAMME APPLIED FOR 3. Explain in a short paragraph how the course you are applying for will assist you to achieve your goals in life Where did you get information about the program you are applying for? BSPH website: 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): _____

5.	Highest level of Education (TICK)				
	- PhD				
	- Masters				
	DegreeAdvanced Level				
_					
6.	Do you have a disability?				
-	Yes (specify):		(Kindly attach medical repor	t below)	
-	No:		-		
7.	EMPLOYER RECOMMENDATION (If employed)				
	I/Werecommend, Prof/Dr/Mr./Mrs./Miss/Msto 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 Of	ticiai stamp	
8.	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!!				
9.	APPLICANT DECLARATION				
7.	Ihereby 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.				
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	Signature		Date:		
	NB: Attach photocopies of				
	- Birth Certificate,				
	 National Identity Card, 				
	- Highest Certificate.				