



BOUGAINVILLE COLLEGE OF NURSING

PO Box 316, ARAWA, Autonomous Region of Bougainville

Phone: 7345 5204 / 7901 7793

Email: AROB HEALTH TRAINING.arob.htuncs@gmail.com



"Dreaming, Believing and Achieving Quality Health Services"

REF NO.

DIPLOMA IN GENERAL NURSING PROGRAM APPLICATION FORM FOR 2027

CLOSING DATE: AUGUST 27th 2026

INFORMATION FOR APPLICANTS

APPLICANTS ARE REQUIRED TO TAKE NOTE OF THE FOLLOWING:

- 1) COMPLETE ALL REELEVANT SECTIONS OF THE FORM. FAILURE TO DO SO MAY RESULT IN THE REJECTION OF YOUR APPLICATION.
- 2) FOR NEW STUDENTS THE FORM MUST BE SENT WITH CERTIFIED COPIES OF ALL EDUCATIONAL QUALIFICATION DOCUMENTS (**certificates, transcript of result, three (3) references from pastor/priest, chief and last employers/ principal of last school attended etc....**)
- 3) **DO NOT SEND ORIGINAL COPIES.** ORIGINAL COPIES MUST BE PRODUCED FOR SIGHTING AT THE TIME OF REGISTRATION. FAILURE TO PRODUCE ORIGINAL COPIES WILL RESULT IN YOUR ADMISSION BEING REJECTED.
- 4) AT THE TIME OF REGISTRATION **75% (K7,500.00)** OF THE ANNUAL SCHOOL FEES ARE DUE OUT OF THE TOTAL **K10,000.00** (ANNUALLY). **BOARDING / LODGING FEES OF K500.00** WILL BE CHARGED ADDITIONAL ANNUALLY TO STUDENTS PROVIDED LODGING BY COLLEGE/INSTITUTION AND A REGISTRATION FEE OF **K50.00**. PLEASE PAY INTO THE SCHOOL ACCOUNT AT YOUR NEAREST BSP BRANCH AND ATTACHED THE RECEIPT WITH THE APPLICATION FORM. (**Your name and program applied for must be clearly printed on the Bank Receipt**) NO PERSONAL CHEQUES WILL BE ACCEPTED. ANY FRAUDULENT FEE PAYMENTS WILL BE REFERRED TO POLICE.

ALL FEES PAYMENT MUST BE PAID DIRECT THROUGH THE ACCOUNT DETAILS PROVIDED BELOW: MAKE SURE WRITE YOUR FULL OFFICIAL NAMES OF STUDENT AND YEAR OF TRAINING ON DEPOSIT SLIP.

BANK	BSP
ACCOUNT NO.	7010218951
ACCOUNT NAME	ARAWA SCHOOL OF NURSING
BRANCH	ARAWA

- 5) APPLICATION RECEIVED AFTER THE CLOSING DATE WILL NOT BE PROCESSED.
- 6) THIS APPLICATION DOES NOT AUTOMATICALLY GUARANTEE A PLACE FOR STUDY AT THE COLLEGE.
- 7) THIS FORM **MUST NOT** BE PHOTOCOPIED AND CIRCULATED TO ANY INTERESTED APPLICANTS. EACH APPLICANTS MUST WRITE DIRECTLY TO THE SCHOOL ADMINISTRATION. IF TWO SAME REFERENCE NUMBERS BEING SIGHTED BOTH APPLICATIONS WILL BE DISQUALIFIED.
- 8) ENQUIRIES CAN BE MADE THROUGH PHONE OR EMAIL.

PHONE: 73455204 – Principal

Email: arob.htuncs@gmail.com



BOUGAINVILLE COLLEGE OF NURSING

PO Box 316, ARAWA, Autonomous Region of Bougainville

Phone: 7345 5204 / 7901 7793

Email: AROB HEALTH TRAINING.arob.htuncs@gmail.com



DEPARTMENT OF HEALTH

"Dreaming, Believing and Achieving Quality Health Services"

REF NO.

APPLICATION FOR ENROLMENT

Stick
Passport
Photograph
here

1.PERSONAL DETAILS

Given Name (s)		Middle Name:	Surname :
Date of Birth:	Age:	Place of Birth:	
SEX:		District	
Village:		Region	
Home Province:		Constituency	
Citizenship:		Marital Status	
Religion:		No of Children	
Address:		Mobile	
		E-mail	
Emergency contact details:	Name:		
	Relationship:		
	Phone No.:		
	Address:		

2. EDUCATIONAL RECORD: (HIGH, SECONDARY, UPGRADE CENTERS)

Grade	High and Secondary School or Equivalent (indicate marks)	Year Attained	Name of School at which qualification was obtained.
Grade 12			
Grade 10			
FODE/CODE			

4.TERTIARY EDUCATION

Qualification Attained (Highest to Lowest)	Year Attained	Name of School/College/ University at which qualification was attained.

5.OTHER SHORT COURSES AND WORKSHOPS

Indicate any short courses and workshops attended since leaving school.

Name of Institution	Period of Study	Qualification attained	Comments

6. EMPLOYMENT RECORD: (Where applicable)

Position	Name & Address of employment	Date of Employment	Description of Work

7. REFERENCE:

Name and address of the three (3) referees (*Chief, pastor/Priest, Principal of last school attended*), who can be contacted about your character and suitability for admission to the course. (*Attached the references together with the application form*)

CHECKLIST FOR ALL APPLICANTS:

Tick (v)	Tick if you have enclosed them.
	Application Form 2025
	Three (3) references/reports
	Certified copies of school certificates (Gr. 10/12 or Fode/Code)
	Proof of completion of other qualifications)E.g. certificates/transcript etc...)
	Current passport size photographs .
	Medical Report
	Police Clearance
	Receipt of K100.00 Processing fee – Non-refundable (NO processing fee your Application WILL NOT process through).
	Reference Number indicated on every application form

ACKNOWLEDGEMENT – ALL STUDENTS

I _____ have read and understood all the questions and information in this form. I declare that the details that I provided are true and complete in every particular.

Signature: _____ Date: _____

Note: Do not send original certificates and transcript at the time of applying in. Bring them for sighting at the time of registration if you are selected for studies. **Forging other people's documents will lead you to police prosecution.**

THIS APPLICATION FORM SHOULD BE COMPLETED AND RETURNED TO:

THE REGISTRAR
 ARAWA SCHOOL OF NURSING
 P.O BOX 316
 ARAWA, CENTRAL
 Autonomous Region of Bougainville
 Mobile Phone: 73455204 -Principal # 71696551 - Registrar
 Email: arob.htuncs@gmail.com

WITH A K100.00 NON REFUNDABLE PROCESSING FEE. Applications Should Not Be Sent Through Emails.