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INGUTSHENI CENTRAL HOSPITAL
P.O. Box 8363
Belmont
BULAWAYO
Zimbabwe

ZIMBABWE

MINISTRY OF HEALTH & CHILD CARE

Applications are invited from prospective students from the SADC Region for the Post Basic Diploma Training in Psychiatric Nursing for the intakes of January and July each year.

Entry Requirements

Applicants must be holders of:-

- i) Diploma in General Nursing or
- ii) Nursing Degree or its equivalent registrable with the Nurses Council of Zimbabwe

Application letters/forms must be accompanied by the following documents certified by a Public Notary.

- i) A Diploma/Degree in General Nursing
- ii) A Copy of a valid passport page with personal details and photograph
- iii) A letter of good standing from the Nursing Council of the Applicant's Country
- iv) A Clearance letter from the Country Authority/Employer for Ministry of Health
- v) Medical Report
- vi) Documents which are not in English must be translated into English
- vii) Proof of payment of the application fee
- viii) A Transcript from the Nursing College of the candidates country

The Training program

The training program is based at Ingutsheni Central Hospital in Bulawayo, the second largest city in Zimbabwe.

Board members: Mrs.S.V. Mhemba-Gumbo (Chairperson); Dr C.M.Z. Chasokela (Vice-Chairperson); Justice L. Kamocha; Mr E.D. Shora; Mr C.P. Mweyamweya; Dr R. Ndlovu; Mr E.T. Manyawu

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The duration of the training program is 18 months and students are awarded a Post Basic Diploma in Mental Health Nursing

Application Fees: Applications from SADC are \$100,00 (**US \$**)

Applications from non SADC countries are \$200,00 (**US \$**)

The closing date for receipt of application for January intake is 30 September while that for July intake is 30 April each year.

Application Fee Acc Details: Account Holder – DMHE- Ingutsheni Central Hospital
Bank - ZB Bank
Name of Account : DMHE – Foreign Currency Account
Account No.: 4304364241200
Branch: Belmont, Bulawayo
Branch Code: 4304
Swift Code : ZBCOZWHXDYO

Accommodation:

- Please indicate if you would like to be considered for accommodation provided by the hospital

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Fees Structure

1. USD \$3000,00 (***Whole course***)
2. USD \$100,00 (***Graduation fee***)

Study Permit

- Once all requirements are met, applicants will be provided with the required letters to apply for study permits with the assistance of the School of Nursing

Applications must be directed to: -

The Chief Executive Officer
Ingutsheni Central Hospital
P O Box 8363
Belmont
BULAWAYO

Attention:

Principal Tutor

Board members: Mrs.S.V. Mhemba-Gumbo (Chairperson); Dr C.M.Z. Chasokela (Vice-Chairperson); Justice L. Kamocha; Mr E.D. Shora; Mr C.P. Mweyamweya; Dr R. Ndlovu; Mr E.T. Manyawu

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INGUTSHENI CENTRAL HOSPITAL- ZIMBABWE

DEPARTMENT OF MENTAL HEALTH EDUCATION

APPLICATION FOR ADMISSION TO POST BASIC DIPLOMA PROGRAMME

NB: THE FOLLOWING DOCUMENTATION MUST ACCOMPANY YOUR APPLICATION. YOUR APPLICATION WILL NOT BE CONSIDERED IF ANY OF THESE DOCUMENTS ARE NOT SUBMITTED

1. Certified copy of identity document
2. Certified copies of Academic c and Professional Certificates
3. Certified copy of General Nursing Certificate
4. Support letter from the Employer

A. PERSONAL INFORMATION (Please Print)

A.1. Surname																			
A.2. Maiden surname (if applicable)																			
A.3. Names																			
A.4 Identity Number																			
A.5 Date of Birth																			
A.6. Gender	Male			Female															

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A.7 Are you a Citizen of a SADC Country? YES NO

A.7.1 If yes state which country _____

A.8. Level of fluency in English. NONE POOR SATISFACTORY GOOD EXCELLENT

A.9. Have you ever been convicted of a criminal offence? YES NO

A.9.1 If yes state the nature of criminal offence

A.10. Are there any criminal charges pending against you? YES NO

A.10.1. If yes elaborate

A.11. Do you have a disability? YES NO

A.11.1. If yes state nature of disability

Zimbabwe does not discriminate on the basis of disability

Please note that this Institution is only required to facilitate support mechanisms where necessary.

B. HOW DO WE CONTACT YOU

B.1. Email Address _____

Contact Numbers: - Home _____

Board members: Mrs.S.V. Mhemba-Gumbo (Chairperson); Dr C.M.Z. Chasokela (Vice-Chairperson); Justice L. Kamocha; Mr E.D. Shora; Mr C.P. Mweyamweya; Dr R. Ndlovu; Mr E.T. Manyawu

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-Work _____

B.2. Name of contact Person/Next of Kin: _____

Telephone numbers: Home: () _____

Work: () _____

Cell: _____

C. ACADEMIC QUALIFICATIONS (Attach Certified Copies)		
Highest Standard	Institution	Year
D. PROFESSIONAL QUALIFICATIONS (Attach Certified Copies)		
Qualifications	Institution	Year

E. EMPLOYMENT DATA

E.1 Name of Employer (If employed) _____

Board members: Mrs.S.V. Mhemba-Gumbo (Chairperson); Dr C.M.Z. Chasokela (Vice-Chairperson); Justice L. Kamocha; Mr E.D. Shora; Mr C.P. Mweyamweya; Dr R. Ndlovu; Mr E.T. Manyawu

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E.2. Date of entry into current rank/position: _____

E.3. Period of clinical exposure in the field of choice: _____

E.4. Institution of exposure: _____ (Attach proof of exposure)

E.5. Have you been granted permission for study leave YES NO (If yes attach proof)

F. DECLARATION

I declare that above particulars and information given with my application are complete and true. I am aware that any purposeful withholding of information and /or false information supplied by me could lead to immediate disqualification.

SIGNATURE: _____ DATE: _____

Board members: Mrs.S.V. Mhemba-Gumbo (Chairperson); Dr C.M.Z. Chasokela (Vice-Chairperson); Justice L. Kamocha; Mr E.D. Shora; Mr C.P. Mweyamweya; Dr R. Ndlovu; Mr E.T. Manyawu