



Nursing Consultancy Services International

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Application Form

Attach
passport
size
photo

PERSONAL DETAILS:

Title: Mr/Miss/Mrs/Ms _____

SURNAME _____

FIRST NAMES _____

ADDRESS _____

EMAIL _____

TEL/FAX: Home _____ Work _____

DATE OF BIRTH _____

NATIONALITY _____

EDUCATIONAL QUALIFICATIONS

EXAMINATION BOARD	SUBJECT	TYPE OF EXAM	GRADE	DATE TAKEN

Please note that if you do not have the minimum educational qualifications you will be eligible to sit for the Access to Nursing Course test provided you are over 17.

EDUCATION FROM THE AGE OF FIVE

NAME AND ADDRESS OF SCHOOL/COLLEGE	ENTRY YEAR	LEAVING YEAR

EMPLOYMENT HISTORY

NAME AND ADDRESS OF EMPLOYER	NATURE OF WORK	FROM	TO

SUPPORTING INFORMATION

Tell us why you want to train as a nurse? _____

DECLARATION

Have you ever been convicted of any criminal offence? YES NO
 If yes, give date(s) _____

I certify that the information I have given is complete and accurate. I understand that if I have knowingly made false statements and omissions my application will be withdrawn.

PROCESSING FEE

I am enclosing an International Money Orders/Banker's Draft for £50 made payable to:
NURSING CONSULTANCY SERVICES.

I understand that if I am eligible for nursing training I will pay the consultancy application fee of £200 within 60 days of receiving my initial Letter of Acceptance. If I am not eligible for nursing/midwifery training my processing fee will be refunded in full.

PLEASE NOTE THAT APPLICATION FORM WILL NOT BE PROCESSED WITHOUT THE APPROPRIATE FEE.

SIGNATURE OF APPLICANT _____ DATE _____

FOR OFFICE USE ONLY			
Date Received _____	Accepted For Training _____	Checked by Adviser _____	
Eligibility _____	Fee Paid _____	Principal Consultant _____	
Refused _____	Date to Start _____	Immigration Adviser _____	
App. Fee _____	Fee Refunded _____	Letter sent to BHC _____	
Eligibility _____	Initial Letter sent _____	Entry Clearance No. _____	
Documentation sent _____	Formal Letter sent _____	Entry to UK _____	

