



SCHOOL OF PSYCHIATRIC NURSING FEDERAL PSYCHIATRIC HOSPITAL CALABAR



P.M.B 1052, Calabar. Tel: 087-778910, 08037074637 E-mail: sponcalabar@nmcnigeria.org

ADMISSION INTO POST BASIC PSYCHIATRIC NURSE TRAINING PROGRAMME COMMENCING 1ST APRIL, 2009.

Applications are invited from Nursing Officers seeking admission into the Post Basic Psychiatric Nurse Training Programme for the 2009/2010 academic year.

ADMISSION REQUIREMENTS

Interested candidates should be holders of the RN and any other relevant certificate. In addition, candidates must possess the Senior Secondary School Certificate or its equivalent with Credit in at least five subjects to include English, Mathematics, Biology, Chemistry and other relevant science subject in not more than two sittings.

DURATION OF THE COURSE

18 Calendar months commencing from 1st April, 2009 – November, 2010.

ACCOMMODATION

Hostel accommodation is available for both sexes.

METHOD OF APPLICATION

Application forms can be obtained at the following addresses: -

- School of Psychiatric Nursing, Mary Slessor Avenue, Calabar
- Federal Psychiatric Hospital, 123, Calabar Road, Calabar. Forms can also be downloaded Online from the following website: <http://www.nmcnigeria.org>

A non-refundable application fee ₦2,000.00 is payable in favour of Federal Psychiatric Hospital, Calabar, Account No. 089503010000064, Fidelity Bank, Calabar Branch.

Completed application forms accompanied by photocopies of relevant certificates and a copy of the bank teller should be returned to the undersigned on or before March 2nd, 2009.

CLOSING DATE

The closing date for submission of application forms is March 2nd, 2009. Late entries will not be entertained.

For further information, please contact:

The Medical Director
Federal Psychiatric Hospital
123, Calabar Road, Calabar
Tel: 087- 232266, Fax 087 236208

The Principal,
Federal School of Psychiatric Nursing
Mary Slessor Avenue, Calabar
Tel: 087-778910, 08037074637
E-mail: sopncalabar@nmcnigeria.org



Signed
**SCHOOL OF PSYCHIATRIC NURSING
FEDERAL PSYCHIATRIC HOSPITAL CALABAR**



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15. PROFESSIONAL QUALIFICATION: EDUCATIONAL RECORD

S/N	Names of School/Colleges Attended	Years Attended		Certificates obtained	Grade
		From	To		

16. ADDITIONAL QUALIFICATIONS/CERTIFICATES OBTAINED

S/N	Name of Qualification	Qualifying Body	Year	Grade (If Applicable)

17. HAVE YOU ENROLLED AT ANY SCHOOL/INSTITUTION OF HIGHER LEARNING OR POST BASIC PROGRAMME AT PRESENT? YES/NO

18. IF YES, PLEASE STATE PROGRAMME, INSTITUTION AND DURATION OF STUDY

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19. NAME AND ADDRESS OF EMPLOYER:.....

.....

20. NAME AND ADDRESS OF SPONSOR:.....

.....

21. NAME AND ADDRESS OF NEXT OF KIN:.....

.....

22. RELATIONSHIP:.....

23. NUMBER OF CURRENT PRACTICING LICENSE:.....DATE:.....

24. REGISTRATION NUMBER: a) Basic Nursing Certificate:.....

b) Midwifery Certificate:.....

c) Others (Specify):.....

25. SPORTING/EXTRA CURRICULAR ACTIVITIES OF INTEREST:.....

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26. NAME AND ADDRESS OF THREE REFEREES (Two must be Head of Department/Hospital and Principal of last Training Institution attended):
- 1)
-
-
- 2)
-
-
- 3)
-
-
27. **Please Attached the Following:-**
 (a) 2 copies of photocopies of credentials including testimonial from last academic institution
 (b) Medical certificate of Fitness
28. 2 completed application forms should be returned to:
 The Principal
 Federal School of Psychiatric Nursing
 Mary Slessor Avenue
 P.M.B.1052
 Calabar

OFFICIAL USE ONLY	
Date issued:.....	Date Returned:.....
Application No:.....	Receipt No:.....
Teller No:.....	
Documents Enclosed:	
1.
2.
3.
4.
5.