



*PHOTO*

## **APPLICATION FORM**

### **NURSING**

**Academic Year 2016 /2017**

#### **Instruction for applicants**

This form should be completed electronically, printed and returned to the International Office of the Faculty of Health and Social Sciences; please complete each section as it appears.

#### **STUDENT'S PERSONAL DATA** *(to be completed by the student applying)*

Surname / Family name:

First name(s):

Other names (middle name):

Nationality:

Passport number:

Issued by:

Valid from:

Valid until:

Date of birth (dd/mm/yy):

Place of Birth:

Disability

Sex:

Male  Female

#### **Correspondence address:**

Town:

Postcode / ZIP:

Country:

Fax:

Telephone:

E-mail:

Dates available at this address:

to



**ENGLISH LANGUAGE PROFICIENCY**

English first language:

YES  NO

TOEFL date acquired:

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TOEFL results:

--

IELTS date acquired:

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IELTS results:

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Equivalent English language study:

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**FINANCIAL SUPPORT**

Please state the source from which you will receive support (e.g. Government Research Council, Scholarship, self-funded, etc.)

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INTERNATIONAL STUDENTS WILL BE REQUIRED TO PRODUCE EVIDENCE THAT THEY HAVE ADEQUATE FINANCIAL PROVISION FOR THEIR MAINTENANCE AND PAYMENT OF FEES. REGISTRATION CANNOT TAKE PLACE UNLESS FEES HAVE BEEN PAID.

**PERSONAL STATEMENT**

Please use this section to explain why you want to join the study programme you are applying to, including details of your interest in the subject and any relevant experience or voluntary work.

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*Note: please add additional sheet if necessary*

**REFERENCES**

Please provide details of two academic references

	A	B
Name:		
Position / relationship:		
Address:		

*Note: signed reports of the two referees must be supplied with this application form*

**CRIMINAL CONVICTIONS**

Do you have any criminal convictions:

YES  NO

If, YES, please give details:

**DECLARATION**

I confirm that the information given on this form is true, complete and accurate and no information requested or other relevant information has been omitted. I have read and complied with the instructions for the completion of the application form. I accept that if any information is inaccurate or has been omitted, the Faculty of Health and Social Sciences of the University of South Bohemia has the right to cancel my application and I shall have no right to claim against the University in relation hereto.

If offered a place in the programme I understand that, in accepting, I agree to abide by the rules and regulations of the University of South Bohemia. By signing the application form I confirm my agreements to this.

.....  
Place and date

.....  
Full name and signature

**INSTRUCTIONS:**

**A: Send the application form to:**

Gabriela Kopecka  
Faculty of Health and Social Sciences  
University of South Bohemia in České Budějovice  
J. Boreckého 27  
370 11 České Budějovice  
Czech Republic

**Deadline: 12 February 2016**

**B: CHECKLIST**

- CV in English in Europass format
  - Medical record
  - Proof of education - certificate / Diploma Supplement
  - Signed reports of references
  - Proof of admission fee payment
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**Contact person:**

Gabriela Kopecka

Tel: +420 389 037 820

Email: [nursing@zsf.jcu.cz](mailto:nursing@zsf.jcu.cz)

**Faculty Website:** <http://www.zsf.jcu.cz>