



**Elective Training Programme for Foreign Nursing/Midwifery Students
Department of Nursing
Faculty of Allied Health Sciences
University of Ruhuna**

Application Form

Instructions

Please fill the required information and provide supportive documents required.

PERSONAL INFORMATION

Name: (NAME AS APPEARS IN THE PASSPORT)

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*Provide scanned copy of the bio-data page of your passport.

Date of Birth:

Home Address:

Telephone:

Fax:

Email:

Personal Image:

*Provide scanned copies of your personal image.

A large empty rectangular box intended for the applicant to provide a scanned copy of their personal image.

INSTITUTIONAL INFORMATION

Name of the University/School:

Address;.....

Telephone:

Fax:.....

Email:

Date of your registration as a student:.....

Current Study Year:

Final Examination Date:.....

*Attach a recommendation Letter given by the Institute

EMERGENCY CONTACT INFORMATION

Name of the Person:

Address:

Telephone:

Fax:.....

Email:

ELECTIVE APPOINTMENT INFORMATION

“Commencing Date” should be later than four months from today date”

Subjects/Area preferred :.....

Commencing Date:

Preferred units and the number of weeks/days/hours to be spent at each unit:

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INTERNATIONAL PASSPORT INFORMATION

Passport Number:

Country:

Visa Office Location:

Date of Issue:

Date of Expiry:

Date of Arrival to Sri Lanka:

Sri Lankan High Commission, Embassy or Consulate you are planning to obtain visa (city and country) -

If you have a problem regarding your registration or for any modification please contact Foreign Elective Training Coordinator, Department of Nursing, Faculty of Allied Health Sciences, University of Ruhuna; thamudids@ahs.ruh.ac.lk