MEDIX HEALTH COLLEGE

"Achieving Higher Standards."

Kindly insert your passport picture here

STUDENT APPLICATION FORM

Application No.:	Date of Application:	Academic Year:	Intake:
_____	____ / ____ / _____	_____	☐ Jan ☐ May ☐ Sep ☐ Other

IMPORTANT: Please complete all applicable sections accurately and legibly. Information provided will be used for admissions and student administration purposes.

SECTION A: PROGRAMME OF STUDY

1. Programme Applying For (tick one):

☐ Healthcare Assistant Certification – 1 Year

☐ Biomedical Equipment Technician Certificate – 1 Year

☐ Medical Laboratory Technician Diploma – 3 Years

☐ Basic Life Support (BLS) & CPR Training – 2 days

☐ Massage – 3 Months

☐ Biomedical Equipment Technician Diploma – 3 Years

☐ Dental Surgical Technician Diploma – 3 Years

☐ Home Health Certificate – 3 Months

☐ Other: _____

2. Preferred Study Mode:

☐ Regular/Full-Time

☐ Weekend

☐ Other: _____

3. How did you hear about Medix Health College?

☐ Social Media

☐ Instagram

☐ WhatsApp

☐ Friend/Family

☐ School Outreach/Marketing

☐ Education Fair

☐ Facebook

☐ TikTok

☐ Google/Search Engine

☐ Current/Former Student

☐ Flyer/Brochure

☐ Other: _____

If referred by someone, name: _____

SECTION B: APPLICANT'S PERSONAL INFORMATION

4. Surname: _____

First Name: _____

Other Name(s): _____

Full Name as it should appear on official school records: _____

5. Date of Birth: _____

Place of Birth: _____

Nationality: _____

6. Gender: _____

☐ Male ☐ Female ☐ Prefer not to say

7. Marital Status: _____

☐ Single ☐ Married ☐ Other: _____

8. Primary Phone Number: _____

Alternative Phone Number: _____

WhatsApp Number: _____

Email Address: _____

9. Residential Address: _____

_____

Town/City: _____

Region: _____

Digital Address: _____

10. Postal Address (if different): _____

_____

SECTION C: IDENTIFICATION DETAILS

11. Type of ID:

☐ Ghana Card ☐ Passport

☐ Driver's Licence ☐ Other: _____

ID Number: _____

Date of Issue: _____

Expiry Date: _____

Note: Kindly produce your ID or a copy of your ID.

SECTION D: EDUCATIONAL BACKGROUND

12. Most Recent School Attended: _____

Location: _____

Programme/Course Studied: _____

Year Started: _____

Year Completed: _____

13. Highest Educational Qualification: _____

☐ BECE ☐ WASSCE/SSSCE

☐ NVTI/Technical/Vocational ☐ Certificate

☐ Diploma ☐ Degree

☐ Other: _____

Qualification Obtained: _____
Year Obtained: _____
14. Examination Type: _____
Index Number: _____
Year: _____
Aggregate/Grade: _____

15. Previous Institution(s):

Institution	Programme/Course	Qualification	Year

16. Additional Training/Certificates:

Training/Certificate	Institution	Year

SECTION E: EMPLOYMENT / WORK EXPERIENCE

Are you currently employed? _____

☐ Yes ☐ No

If yes – Employer: _____
Job Title: _____
Length of Employment: _____
Work Address: _____
Contact Number: _____

Previous Work Experience:

Employer	Position	Period	Reason for Leaving

Relevant Healthcare Experience: Have you previously worked or volunteered in a healthcare-related environment?

☐ Yes ☐ No

If yes, provide details: _____

_____

SECTION F: HEALTHCARE INTEREST & CAREER GOALS

17. Why do you want to pursue a career in healthcare?

_____

_____

18. Why have you chosen Medix Health College?

_____

19. What are your career goals after completing your programme?

20. Where do you see yourself professionally in the next 5 years?

21. What area of healthcare interests you most? _____

☐ Patient Care ☐ Medical Laboratory

☐ Biomedical Equipment/Technology ☐ Dental Care

☐ Home Healthcare ☐ Emergency Care

☐ Other: _____

SECTION G: EMERGENCY CONTACT / NEXT OF KIN

22. Emergency Contact

Full Name: _____
Relationship to Applicant: _____
Phone Number: _____
Alternative Number: _____
Email Address: _____
Residential Address: _____

23. Secondary Emergency Contact

Full Name: _____
Relationship to Applicant: _____
Phone Number: _____
Alternative Number: _____
Email Address: _____
Residential Address: _____

SECTION H: PARENT/GUARDIAN INFORMATION

Complete this section if the applicant is below 18 years or is financially supported by a parent/guardian.

Parent/Guardian Full Name: _____
Relationship: _____
Phone Number: _____
Email: _____
Occupation: _____
Residential Address: _____

Does the parent/guardian agree to the applicant's enrolment? _____

☐ Yes ☐ No

Parent/Guardian Signature: _____

Date: _____

SECTION I: FUNDING & PAYMENT INFORMATION

24. How will your education be funded? _____

☐ Self-funded ☐ Parent/Guardian

☐ Sponsor ☐ Employer

☐ Scholarship ☐ Other: _____

25. Sponsor Information

Sponsor's Full Name: _____

Relationship to Applicant: _____

Phone Number: _____

Email: _____

Address: _____

26. Scholarship

Are you applying for a scholarship? _____

☐ Yes ☐ No

If yes, briefly state why you are seeking scholarship assistance: _____

_____

_____

Have you received a scholarship from Medix before? _____

☐ Yes ☐ No

If yes, year: _____

SECTION J: ACCOMMODATION

27. Will you require assistance with accommodation/hostel arrangements? _____

☐ Yes ☐ No

Current residence: _____

Preferred accommodation option: _____

Do you require assistance identifying accommodation? _____

☐ Yes ☐ No

SECTION K: PRACTICAL TRAINING & INTERNSHIP

Medix students participate in practical training and internship placements as part of their academic and professional development. It is mandatory for some of our courses. Kindly find out from Registrar.

28. Are you willing to participate in practical/internship training?

☐ Yes ☐ No

29. Are you willing to undertake internship placement at a healthcare facility assigned/approved by Medix?

☐ Yes ☐ No

30. Are you willing to comply with the dress code and professional requirements of your internship placement?

☐ Yes ☐ No

31. Do you have previous practical/clinical experience?

☐ Yes ☐ No

If yes to Question 31, provide details: _____

_____

SECTION L: HEALTH & SAFETY INFORMATION

32. Are there any circumstances or accessibility requirements that Medix should reasonably accommodate to support your participation in classes or practical training?

☐ No ☐ Yes

If yes, please provide relevant information: _____

_____

33. Is there any relevant information that emergency personnel should know in the event of an emergency?

☐ No ☐ Yes

Details: _____

_____

Note: Applicants are not required to disclose sensitive medical information that is not necessary for student safety or reasonable accommodation.

_____

SECTION M: APPLICANT'S STATEMENT

I hereby declare that the information provided in this application form is true, complete and accurate to the best of my knowledge.

I understand that providing false or misleading information may affect my admission or continued enrolment at Medix Health College.

I agree to comply with the rules, regulations, academic requirements, professional standards, attendance requirements, dress code, practical training requirements, and other policies of Medix Health College.

I understand that admission to Medix Health College is subject to meeting the relevant admission requirements and acceptance by the College.

Applicant's Full Name: _____

Signature: _____

Date: _____

SECTION N: PARENT/GUARDIAN DECLARATION

Where applicable, I confirm that the information provided by the applicant is accurate to the best of my knowledge and that I support the applicant's application to Medix Health College.

Parent/Guardian Name: _____

Signature: _____

Telephone: _____

Date: _____