



CARIBBEAN UNIVERSITY OF NURSING

APPLICATION FORM

Revision 00 (January, 2023)

+1 (631) 480 2118

admission@cunursing.com



Application-reference (to be filled in by Admission Office):

Received by Admission Office (name and date):

Personal Details

Click in the fields below, to enter text or choose an item.

First name:

Middle name(s):

Last name:

Gender:

Date of Birth: Day: Month: Year:

Place of Birth:

Nationality:

Marital Status:

Religion (optional):

Ethnic background (optional):

Residency

Address (residential):

House number:

City:

ZIP/Postal Code:

State/Region/Province:

Country:

Correspondence/Contact Details

Fill-in correspondence address-details only if they are different from the residential address!

Address (correspondence):

House number:

City:

ZIP/Postal Code:

State/Region/Province:

Country:



Legal ID

Passport #:

Issuing State/Province:

Issuing Country:

Issue Date: *Day:* *Month:* *Year:*

Expiry Date: *Day:* *Month:* *Year:*

Additional legal ID or SSN:

Educational Details

Preferred academic year/month of entrance: *Year* *Month*

Preferred Program:

Highest completed high school or vocational education:

Previously formally acquired nursing skills and/or knowledge:

Is English your first or native language? If not, what other language is?

Was English part of your (secondary) high school/vocational curriculum?

If so, did you graduate in English at the Upper Intermediate or Advanced Level?

Have you ever taken the TOEFL or similar language test?

	<i>Test</i>	<i>Year</i>	<i>Score</i>
If so, indicate test, date and score/grade:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Were (Basic) Science and/or Mathematics part of your (secondary) high school/vocational curriculum?

If so, did you successfully graduate in these topics?



Financial Details

Source of funding:

Preferred payment method:

Cash payments are only accepted, accompanied by a Proof of Source. Cheques or 'securities' are not accepted.

Marketing Information

Recruitment partner, if applicable:

"I learned about CUN through. . ."

Did you visit and carefully read CUN's web-pages?

How would you rate CUN's website, on a scale from 1 (worst) to 10 (best)?

If you could, what changes would you make on CUN's website?

How would you rate CUN's Social Media presence, on a scale from 1 to 10?

If you could, what changes would you make in CUN's Social Media?

How was your experience with CUN's recruitment partner, if applicable?

Miscellaneous

Do you have any physical or learning disabilities?

If so, please concisely describe your disability and in what way we could facilitate.

Please, tell us a bit more about yourself, like your education so far, your current work and activities, your hobbies and interests, your family-life, the community you grew up in, volunteer work (if applicable), . . .



Please clearly motivate your choice for a career in healthcare.

Many thanks for taking the time and making the effort to fill-in your Application Form.

Please save it (see instructions on our website) and send the saved form to admission@cnursing.com

We hope to welcome you soon!

Processing of your application will start after provisional admittance and payment of the required deposit is received.

All information will be handled with the utmost confidentiality!