



**UNIVERSITY OF ILORIN TEACHING HOSPITAL,
PMB 1459, Ilorin, Kwara State.**

REFRESHER COURSE IN NEPHROLOGY NURSING - 2022

**ORGANIZED BY THE UITH SCHOOL OF POST BASIC
NEPHROLOGY NURSING PROGRAMME IN COLLABORATION WITH THE
NURSING AND MIDWIFERY COUNCIL OF NIGERIA**

Application is hereby invited from suitably qualified candidates for admission into the refresher

Course for Nephrology Nursing: University of Ilorin Teaching Hospital, Ilorin, Kwara State

ADMISSION REQUIREMENTS: Must have five (5) Credits in WAEC, NECO or NABTEB in the following subjects: English, Chemistry, Mathematics, Physics and Biology.

PROFESSIONAL QUALIFICATIONS/EXPERIENCE

- Must have had the Nephrology Nursing specialty Nursing Training for at least 12 calendar months (1year) in an accredited Training Institution for Nephrology Nursing

DURATION OF THE COURSE: 14th February-13th March, 2022 (4) weeks.

ACCOMODATION: - The course is non residential.

PROCEDURE FOR APPLICATION

1. Application form is obtainable with the payment of a Non refundable fee of Seven thousand, five hundred naira (₦7,500.00) only. This is made payable through REMITA into the University of Ilorin Teaching Hospital, (UITH), General Purpose Account.
2. Candidate should scan the evidence of payment to the E-mail address : spbnn17@gmail.com using their valid email.
3. Form will be sent to the E-mail address provided by the candidate.
4. All completed forms are to reach the Coordinator, School of Post Basic Nursing Nephrology, University of Ilorin Teaching Hospital, P.M.B 1459, Ilorin on or before 14th of January, 2022, through the E-mail address : spbnn17@gmail.com
5. Shortlisted candidates will be contacted for further instructions/payment of the course fees.
6. **SELECTION:** Selection is on first come first served basis.

Commencement of programme: 14th February, 2022

Segun-Agboola Beatrice.T. (Mrs)

Deputy Director Nurse Educator (DDNE)/Programme Coordinator

08035671691



UNIVERSITY OF ILORIN TEACHING HOSPITAL, ILORIN

**APPLICATION FOR ADMISSION INTO POST BASIC NURSING PROGRAMME
(NEPHROLOGY)**

APPLICATION FOR ADMISSION INTO REFRESHER COURSE

1. NAME IN FULL (SURNAME FIRST)-----

2. SEX -----MARITAL STATUS ----- MAIDEN NAME -----

3. DATE OF BIRTH ----- STATE OF ORIGIN -----
4. CONTACT ADDRESS -----
-----TELEPHONE NO/ E.mail -----
5. PERMANENT HOME ADDRESS -----
6. NAME, ADDRESS & TELEPHONE NO OF NEXT OF KIN AND RELATIONSHIP -----
7. NAME & ADDRESS OF EMPLOYER -----
8. PRESENT POST, DATE AND SALARY GRADE -----
9. EDUCATIONAL QUALIFICATIONS -----
10. DETAILS OF PROFESSIONAL TRAINING

Training Institution	From	To	Certificate Obtained with Dates	Reg. No

11. PROFESSIONAL EXPERIENCE (Starting with present posting)

Nature of Clinical Experience	Name of Hospital	Unit	From	To

12. (a) NAME & ADDRESS OF SPONSORING AGENCY/ORGANISATION

(b). NAME AND SIGNATURE OF SPONSORING AUTHORITY AND STAMP-----

13. NAME & ADDRESS OF TWO REFEREES. One of who should be a Principal Nursing Officer whom Candidate has worked with.

(a) -----

(b). -----

Candidates should request their referees to send references direct to the Registrar Schools' Complex U.I.T.H. Ilorin before the closing date for receipt of applications

Date **Applicant's Signature**

FOR OFFICIAL USE ONLY	
Applicant's Fee paid on Receipt No -----	
Student's Application Number -----	
Interview Comments -----	
Signature -----	Date -----