



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

**REFRESHER COURSE IN OPHTHALMIC NURSING - 2022**

**ORGANIZED BY THE UITH SCHOOL OF POST BASIC OPHTHALMIC NURSING**

Application is hereby invited from suitably qualified candidates for admission into the refresher course for Ophthalmic Nursing.

**ADMISSION REQUIREMENTS**

**PROFESSIONAL QUALIFICATIONS/EXPERIENCE**

Must have had a specialty nursing training in Ophthalmic Nursing from this institution before its accreditation.

**DURATION OF THE COURSE**

Four weeks: 4th April to 2nd May, 2022

**ACCOMODATION:** - The course is non residential.

**PROCEDURE FOR APPLICATION**

Application form is obtainable with the payment of a Non refundable fee of Five thousand naira (₦5,000.00) only. This is made payable through REMITA into University of Ilorin Teaching Hospital, (UITH), General Purpose Account.

Candidate should scan the evidence of payment and send to the E-mail address : [spbonuithilorin.org.ng](mailto:spbonuithilorin.org.ng) using their valid email.

Form will be sent to the E.mail address provided by the candidate.

All completed forms are to reach the Coordinator, School of Post Basic Ophthalmic Nursing, University of Ilorin Teaching Hospital, P.M.B 1459, Ilorin on or before 24th January 2022 , through the E-mail address : [spbon@uithilorin.org.ng](mailto:spbon@uithilorin.org.ng)

Shortlisted candidates will be contacted for further instructions/payment of the course fees.

**SELECTION**

Selection is on first come first served basis.

**Commencement of programme: ...4th April, 2022**

For further enquiries, contact:

**DDNE, Shuaib, K. O(Mrs.)**

School Coordinator : **08035902426**

# UNIVERSITY OF ILORIN TEACHING HOSPITAL

## APPLICATION FOR ADMISSION INTO POST BASIC OPHTHALMIC NURSING REFRESHER COURSE 2022



Affix 2 recent  
Passport  
Photographs

1. NAME IN FULL -----  
Surname first
2. SEX----- MARITAL STATUS----- MAIDEN NAME-----
3. DATE OF BIRTH-----STATE OF ORIGIN-----L.G.A-----
4. CONTACT ADDRESS-----  
-----TELEPHONE-----Email-----
5. PERMANENT HOME ADDRESS-----
6. NAME,ADDRESS & TELEPHONE NO OF NEXT OF KIN AND  
RELATIONSHIP-----  
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7. NAME& ADDRESS OF EMPLOYER-----
8. PRESENT POST, DATE AND SALARY GRADE-----  
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9. EDUCATIONAL QUALIFICATION/ "O" LEVEL GRADES-----  
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**10. DETAILS OF PROFESSIONAL TRAINING:**

Training Institution	From	To	Certificate Obtained with Dates	Reg.No

**11. PROFESSIONAL EXPERIENCE (Starting with Present Positing)**

Nature of Clinical Experience	Name of Hospital	Unit	From	To

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

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**(b) NAME & SIGNATURE OF SPONSORING AUTHORITY AND STAMP**

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**13. ATTACH PHOTOCOPIES OF ALL YOUR CREDENTIALS**

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**Date**

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**Applicant's Signatures**